114000186166

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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11/24/14--01026--002 **160.00

SECRETARY OF STATE
TALLAHASSEE FEORIDA

COVER LETTER

TO:

Registration Section

Division of C	orporations		
CUDIFOT: 1'-hab	Dublishing and December	Manage III O	
SUBJECT: LIGHTHOU	use Publishing and Promo Name of Lin	nited Liability Company	
The enclosed Articles of	of Organization and fee(s) ar	e submitted for filing.	
Please return all corres	pondence concerning this m	atter to the following:	
			•
<u>Lecia Gra</u>	y-Knighton		
		Name of Person	
		Firm/Company	
750 Sout	h Orange Blossom Trail ,	Suite 114	
		Address	
Orlando/F	lorida/32805		
	C	ity/State and Zip Code	
leciagray@aol.c	om	d for future annual report notifica	tion
	E-mail address; (to be use	nor luture annual report notifica	uion)
For further information	concerning this matter, plea	ise call:	
Lecia Gray-Knightor		407 <u>841-5661</u>	<u>.</u>
Nam	e of Person	Area Code Daytime Tel	ephone Number
Enclosed is a check for	r the following amount:		
☐ \$125.00 Filing Fee	□\$130.00 Filing Fee &	□\$155.00 Filing Fee &	☑\$160.00 Filing Fee,
	Certificate of Status	Certified Copy	Certificate of Status &
		(additional copy is enclosed)	Certified Copy (additional copy is enclosed)
			(additional copy is enclosed)
Mail	ling Address	Street/Courier Add	ress
	stration Section	Registration Section	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Lighthouse Publishing and Promotions	
(Must end with the w	rds "Limited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address of t	e principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
750 South Orange Blossom Trail, Suit	PO Box 555007 Orlando, FL 32855
Orlando, FL. 32805	
ARTICLE III - Registered Agent, Regist (The Limited Liability Company cannot se another business entity with an active Flor	red Office, & Registered Agent's Signature: re as its own Registered Agent. You must designate an individual or la registration.)
ARTICLE III - Registered Agent, Regist (The Limited Liability Company cannot se another business entity with an active Flor The name and the Florida street address of	red Office, & Registered Agent's Signature: re as its own Registered Agent. You must designate an individual or la registration.) re registered agent are:
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ARTICLE III - Registered Agent, Regist (The Limited Liability Company cannot se another business entity with an active Flor The name and the Florida street address of Lecia Gray-Knight 750 South Orang	red Office, & Registered Agent's Signature: re as its own Registered Agent. You must designate an individual or la registration.) ne registered agent are: On Name Blossom Trail, Suite 114

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

(CONTINUED)

Page 1 of 2

<u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager	Name and Address:	
AMBR	Donald Lowis Ir	
VIAIDIT	Donald Lewis Jr. 1912 Ludlow Lane	
	Orlando, FL. 32839	
	Onando, 1 L. 32039	
AMBR	Wanda D. Williams	
	4903 Anzio Street	
	Orlando, Fl. 32819	
AMBR	Anetra Miller	
	268 W. 20th St.	
	Apopka, Fl. 32703	
(Use attachment if necessary)		
	of filing: 11/21/2014 (OPTIONAL) ecific and cannot be more than five business days prior to or 90	da
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