

L15000025732

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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15 FEB -3 PM 1:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Stivers FEB 11 2015

enitia corporation

EMPOWERING AMERICA'S ENTREPRENEURS

enitia corporation

p.o. box 495

dexter, mi 48130

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

January 26, 2015

Re: Scientific Lighting LLC

Dear Sir or Madam:

Enitia Corporation has been authorized by Daniel Mas to file the enclosed Articles for Scientific Lighting LLC.

If you need any additional information, you can reach us at

1-877-281-6496 (toll free)
documents@directincorporation.com

We have enclosed an additional \$5.00 for one "Certificate of Status". For your convenience, I have enclosed a self-addressed envelope.

Thank you,

Ed Stahlin
Enitia Corporation

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Scientific Lighting LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Edward Stahlin
Name of Person

Direct Incorporation
Firm/Company

123 N. Ashley St. Ste. 123
Address

Ann Arbor, MI 48104
City/State and Zip Code

documents@directincorporation.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Edward Stahlin at (877) 681-2496
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input checked="" type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|--|---|---|

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

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Scientific Lighting LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

11251 Campfield Dr. Unit 2201
Jacksonville, FL 32256

11251 Campfield Dr. Unit 2201
Jacksonville, FL 32256

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Jose Mesones
Name
11251 Campfield Dr. Unit 2201
Florida street address (P.O. Box NOT acceptable)
Jacksonville, FL 32256
City Zip

15 FEB - 3 PM 1:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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..

[Signature]
Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

Javier Perez

Urb. Villas de Providencia, Casa Nro. 1, Sector, Zorca Providencia
San Cristobal, Tachira 3001

AMBR

Francis Mas

Av. Lara, Res. Tiuna Park, Torre B, Piso 1, Apto. 1-2
Barquisimeto, Lara 3001

AMBR

Daniel Mas Guerrero

Av. Principal de Pueblo Nuevo entre Av. Ferrero Tamayo y
Av. Las Pilas, Res. Palazzo Abruzzo, Piso 9, Apto. PH9C
San Cristobal, Tachira 5001

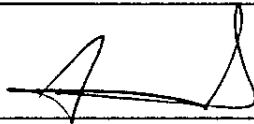
(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Jose Mesones

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

15 FEB -3 PM 1:00
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA