## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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Account Name : AGENTS AND CORPORATIONS, INC

Account Number : I20010000112 Phone : (302)575-0875 Fax Number : (302)575-1642

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WESAUN SCHOOLANDES
REGRETAL

## FLORIDA LIMITED LIABILITY CO. Red Rooster Lighting Solutions LLC

Certificate of Status	0
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-B. BOSTICK

FEB 11 2015

Electronic Filing Menu

Corporate Filing Menu

Help

EXAMINER

H15000034481 3

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Red Rooster Lighting Solutions 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:

2957 ENISGROVE DE PAIMHARBOZ, FL 34633

Time par cyrice Addiesa;

2034 WEAVER PARK DRIVE CLEARWATER, FL 33765

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:

AGENTS AND CORPORATIONS, INC.

300 FIFTH AVENUE SOUTH SUITE 101-330 Florida street address (P.O. Box NOT acceptable)

NAPLES FL 34012

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 cartificate. 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.

Agents and Corporations, inc.

Registered Agent's Signature (Required)

John L. Williams, President

(CONTINUED)

Page 1 of 2

FILED A ID I

<b>'</b>	FE,

,	a authorized to manage and control the Limited Liability Company:
Title: "AMBR" = Authorized Member "MGR" * Manager	Name and Address:
ere engames courses even	DEAN HOLLAND
AMBR	2957 Enisgrove Dr
	PACM HArbor, FC 34
(Use attachment if necessary)	
RTICLE V: Effective date, if other than the date if an effective date is listed, the date must be sp	ate of filing: 2-9-15 (OPTIONAL) secific and cannot be more than live business days prior to or 90 days after
RTICLE V: Effective date, if other than the date if an effective date is listed, the date must be sput date of filing.)  RTICLE VI: Other provisions, if any.	ate of filing: 2-9-15 (OPTIONAL) secific and cannot be more than live business days prior to or 90 days after
If an effective date is listed, the date must be spine date of filing.)  RTICLE VI: Other provisions, if any.	ate of filing: 2-9-15 (OPTIONAL) secific and cannot be more than five business days prior to or 90 days after
If an effective date is listed, the date must be spine date of filing.)  RETICLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a m  (In accordance with section constitutes an affirmation ut I am aware that any false in constitutes a third degree fe	nember or an authorized representative of a member.  1 605.0203 (1) (b), Florida Statutes, the execution of this document noter the penalties of perjury that the facts stated herein are true.  1 formation submitted in a document to the Department of State clony as provided for in s.817.155, F.S.)  DEAN HOLLAND  Typed or printed name of signee  Filing Fees:  Organization and Designation of Registered Agent