L15000071253

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MA	Ľ
(Business Entity Name)	
(Document Number)	
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COVER LETTER

TO: Registration Division of C	Section Corporations		
IN S	itu wwc		
SUBJECT: Sin En		<u>in</u> sītu	_ لال حـ
	Name of Lin	nited Liability Company	
The enclosed Articles	of Organization and fee(s) ar	e submitted for filing.	
Please return all corres	spondence concerning this ma	atter to the following:	
<u>Jordan M</u>	inges	Name of Person	
		Name of Person	
エN Situ Light	ting LLC		
Old Light	119 220	Firm/Company	······································
PO Box 8	399		
		Address	
Naples, F	3 24106		
<u>ivapies. I</u>		ity/State and Zip Code	
minges.charles@	@gmail.com		
	E-mail address: (to be used	d for future annual report notifica	tion)
For further information	n concerning this matter, plea	ase call:	
Jordan Minges		323-4875	Labara Nambara
Nan	ne of Person	Area Code Daytime Tel	ephone Number
Enclosed is a check fo	or the following amount:		
	_	□\$155.00 Filing Fee &	□\$160.00 Filing Fee,
☑ \$125.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status &
		(additional copy is enclosed)	Certified Copy (additional copy is enclosed)
			(amarina top) -adiaden/

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 1 - Name: The name of the Limited Liabili	ty Company is:		
	.,		
Situ Lighting LLC.			
(Must end	with the words "Limit	ted Liability Company, "L.L.C.,"	or "LLC.")
ARTICLE II - Address: The mailing address and street a	ddress of the principa	l office of the Limited Liability C	ompany is:
Principal Office Address:		Mailing Address:	
4527 Arnold Ave		PO Box 899	
Naples, FL 34104		Naples, FL 34106	
another business entity with an The name and the Florida street Jordan 4527 A	active Florida registra	red agent are:	esignate an individual or
Naples		FL 34104	
	City	Zip	7.58 7.57 7.57 7.57
the place designated in this of capacity. I further agree to co of my duties, and I am familia	certificate, I hereby acc mply with the provisio ar with and accept the	service of process for the above stopped the appointment as registered as of all statutes relating to the proposition as registered apter 605, F.S	agent and agree to act in this oper and complete performance

(CONTINUED)

Page 1 of 2

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
MGR	Jordan Minges
	PO Box 899
	Naples, FL 34106
MGR	Mitchell Minges
	PO Box 899
	Naples, FL 34106
	200 - 200 -
	<u> </u>
ar	
(Use attachment if necessary)	Ta a
EV: Effective date, if other than the date of fil	ling: (OPTIONAL)
EV: Effective date, if other than the date of filective date is listed, the date must be specific of filing.)	ling: (OPTIONAL) = and cannot be more than five business days prior to or 9
E V: Effective date, if other than the date of filective date is listed, the date must be specific of filing.) E VI: Other provisions, if any.	ling: (OPTIONAL) : and cannot be more than five business days prier to or 9
E V: Effective date, if other than the date of filective date is listed, the date must be specific of filing.) E VI: Other provisions, if any.	ling: (OPTIONAL) : and cannot be more than five business days prier to or 9
E V: Effective date, if other than the date of file ective date is listed, the date must be specific filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE:	ling: (OPTIONAL) c and cannot be more than five business days prier to or 9
E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a membe (In accordance with section 605.02) constitutes an affirmation under the	ror an authorized representative of a member. O3 (1) (b), Florida Statutes, the execution of this document epenalties of perjury that the facts stated herein are true. On submitted in a document to the Department of State
E V: Effective date, if other than the date of file extive date is listed, the date must be specific filing.) E VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a member (In accordance with section 605.02) constitutes an affirmation under the I am aware that any false informatic constitutes a third degree felony as Jordan Minges	ror an authorized representative of a member. 33 (1) (b), Florida Statutes, the execution of this document penalties of perjury that the facts stated herein are true. On submitted in a document to the Department of State provided for in s.817.155, F.S.)
E V: Effective date, if other than the date of file extive date is listed, the date must be specific of filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member (In accordance with section 605.020 constitutes an affirmation under the I am aware that any false informatic constitutes a third degree felony as Jordan Minges	ror an authorized representative of a member. O3 (1) (b), Florida Statutes, the execution of this document epenalties of perjury that the facts stated herein are true. On submitted in a document to the Department of State

Page 2 of 2