

L15000146425

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SECRETARY OF STATE
TALLAHASSEE, FL 32310

W15000146425

9/2/15

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Lumatrex, 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:

James L. Wood

Name of Person

Lumatrex, LLC

Firm/Company

P. O. Box 510129

Address

Melbourne Beach, FL. 32951

City/State and Zip Code

jwood@lumatrex.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

James Wood

321

725-4581

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:



\$125.00 Filing Fee



\$130.00 Filing Fee &
Certificate of Status



\$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)



\$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address

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

Street Address

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 29, 2015

JAMES L. WOOD
P.O. BOX 510129
MELBOURNE BEACH, FL 32951

SUBJECT: LUMATREX, LLC
Ref. Number: W15000051420

We have received your document for LUMATREX, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

One or more major words may be added to make the name distinguishable from the one presently on file.

The name and document number of conflict is, "P02000074294 - LUMATREX, INC.".

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Carol Mustain
Regulatory Specialist II

Letter Number: 515A00015954

James L. Wood

P. O. Box 510129 • 412 Banyan Way
Melbourne Beach, FL 32951 • (321) 725-4581

26 August 2015

Carol Mustain
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

RECEIVED AUG 31 2015

Subject: LUMATREX, LLC
Ref. Number: W15000051420

Carol Mustain:

Thank you for your letter of 29 July 2015 which addresses an apparent name conflict between Lumatrex, LLC (an LLC I would like to form) and "P02000074294 – Lumatrex, Inc." (a corporation I already own). After a telephone conversation with Wesley, another member of your staff, it was determined that it is possible to have a corporation and an LLC with the same name as long as both companies are owned by the same person.

I would like to stipulate that I am the one and only shareholder of Lumatrex, Inc. I am also the only officer in Lumatrex, Inc. Also, I will be the only owner/member of Lumatrex, LLC.

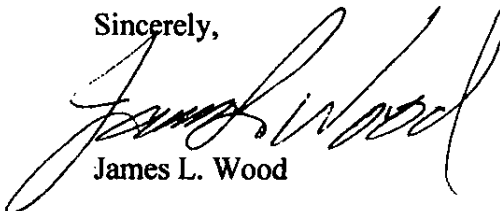
My intention is to continue conducting business as Lumatrex, Inc. until the end of its fiscal year, December 31. At that point, I will file a final tax return for that corporation, and the corporation will be dissolved.

As of 1 January, I would like to begin conduction business under the new company, Lumatrex, LLC. To that end, I would like to form Lumatrex, LLC now so that I will have plenty of time to make a smooth transition from one company to the other.

I have included a copy of your letter and my original Articles of Organization for Lumatrex, LLC. Please accept and file my Articles of Organization. If you have any questions or concerns, please contact me at the address or telephone number provided above.

Thank you for your help.

Sincerely,



James L. Wood

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Lumatrex, 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:

412 Banyan Way

Melbourne Beach, FL 32951

Mailing Address:

P. O. Box 510129

Melbourne Beach, FL 32951

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:

James L. Wood

Name

412 Banyan Way

Florida street address (P.O. Box **NOT** acceptable)

Melbourne Beach,

FL

32951

City

State

Zip

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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.


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:

James L. Wood

P. O. Box 510129

Melbourne Beach, FL 32951

(Use attachment if necessary)

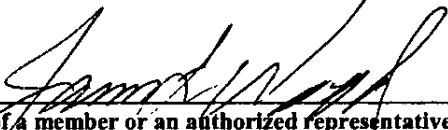
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.
This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
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.

James L. Wood

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)