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(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Do	ocument Number)	
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06/10/16---01027---002 **190.00



COVER LETTER

	egistration Section ivision of Corporations	
SUBJECT	The Lux Group, LLC.	
SUBSECT		of Limited Liability Company
The enclose	ed Articles of Organization and fee	(s) are submitted for filing.
Please retu	rn all correspondence concerning th	nis matter to the following:
	Jennifer Albanese	
		Name of Person
	The Lux Group, LLC.	
		Firm/Company
	3183 Ferns Glen Drive	
		Address
	Tallahassee, Florida 32309	
j	jennifer.albanese428@gmail.com	City/State and Zip Code
_	E-mail address: (to be	used for future annual report notification)
For further in	nformation concerning this matter, 1	please call:
	Jennifer Albanese	954 552-8026 at ()
•	Name of Person	Area Code Daytime Telephone Number
Enclosed is	a check for the following amount:	
\$ 125.00 Fit	ling Fee \$130.00 Filing Fee Certificate of Statu	
	Mailing Address New Filing Section Division of Corporations	Street Address New Filing Section Division of Corporations

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

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

,	t end with the words "Limited Lia	ability Company	y, "L.L.C.," or "LLC.")
RTICLE II - Address: e mailing address and st	reet address of the principal offic	e of the Limited	Liability Company is:
<u>Pr</u>	incipal Office Address:		Mailing Address:
3183 Ferns Gle	n Drive	3183	3 Ferns Glen Drive
Tallahassee, FL 32309			
TICLE III - Registere e Limited Liability Con ther business entity wit	d Agent, Registered Office, & I	Registered Ager gistered Agent.	ahassee, FL 32309 nt's Signature: You must designate an individual or
RTICLE III - Registere the Limited Liability Control business entity with	d Agent, Registered Office, & Inpany cannot serve as its own Reith an active Florida registration.) treet address of the registered age	Registered Ager gistered Agent.	nt's Signature:
RTICLE III - Registere the Limited Liability Control business entity with	d Agent, Registered Office, & Find a spany cannot serve as its own Registration.) treet address of the registered agentees and the peter Albanese	Registered Ager gistered Agent.	nt's Signature:
RTICLE III - Registere the Limited Liability Control business entity with	d Agent, Registered Office, & Find a spany cannot serve as its own Registration.) treet address of the registered agentees and the peter Albanese	Registered Agent. gistered Agent. ent are:	nt's Signature:
RTICLE III - Registere the Limited Liability Control business entity with	d Agent, Registered Office, & Financy cannot serve as its own Registration.) treet address of the registered agentered Albanese	Registered Agent. Gent are:	nt's Signature: You must designate an individual or
RTICLE III - Registere the Limited Liability Control business entity with	d Agent, Registered Office, & Financy cannot serve as its own Registration.) treet address of the registered age Peter Albanese N 3183 Ferns Glen Drive	Registered Agent. Gent are:	nt's Signature: You must designate an individual or

(CONTINUED)

Page 1 of 2

Registered Agent's Signature (REQUIRED)

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager AMBR	Jennifer Albanese
MADIC	3183 Ferns Glen Drive
	Tallahassee, FL 32309
AMBR	Peter Albanese
- TITLEST	3183 Ferns Glen Drive
	Tallahassee, FL 32309
	
	
CV: Effective date, if other than the ctive date is listed, the date must b	date of filing: 6/7/2016 (OPTIONAL) e specific and cannot be more than five business days prior to or 9
EV: Effective date, if other than the ective date is listed, the date must b of filing.) the date inserted in this block does nent's effective date on the Department.	e specific and cannot be more than five business days prior to or 90 not meet the applicable statutory filing requirements, this date will no
ective date is listed, the date must be of filing.) The date inserted in this block does a ment's effective date on the Departm. E VI: Other provisions, if any. REOURED SIGNAPURE:	not meet the applicable statutory filing requirements, this date will not ment of State's records.
EV: Effective date, if other than the ective date is listed, the date must be of filing.) The date inserted in this block does a ment's effective date on the Departm. EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of This document is explained as a ware that any	e specific and cannot be more than five business days prior to or 90 not meet the applicable statutory filing requirements, this date will no
E V: Effective date, if other than the ective date is listed, the date must be of filing.) The date inserted in this block does iment's effective date on the Department's effective date in this block does in the Department's effective date in this block does in the Department's effective date on the Department's effective date of the Department's effective date on the Department's effective date of the Department's effective date o	not meet the applicable statutory filing requirements, this date will not ment of State's records. The member of an authorized representative of a member. Recuted in accordance with section 605.0203 (1) (b), Florida Statutes, false information submitted in a document to the Department of State agree felony as provided for in s.817.155, F.S.

2,

Page 2 of 2

\$ 30.00 Certified Copy (Optional)\$ 5.00 Certificate of Status (Optional)