Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H160001631443)))



H160001631443ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser i	from this page	5.
Doing so will generate another cover sheet.	٠. ٠.٠	

To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name

: LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019

: (305)552-5973

Phone

Fax Number

: (305)675-5944

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Ema11	Address:				
-INGTA	~**** ***	_			_

FLORIDA LIMITED LIABILITY CO. LUX LIGHTING & DISPLAYS, L.L.C.

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

Electronic Filing Menu

Corporate Filing Menu

Help

H16000163144

ARTICLE I - Name:	ORGANIZA I KON FOR F	PLORIDA LIMITED LE	ABILITY COMPANY		
The name of the Limited Liability	/ Company is:				
	DISPLAYS, L.L.C.				
' (Must end v	with the words "Limited	Liability Company, "I	_L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street ad	dress of the principal of	ffice of the Limited Li	ability Company is:		
<u>Principa</u>	l Office Address:		Mailing Address:		
1300 N.W. 29th Street Miami, Florida 33142			1300 N.W. 29th Street Miami, Florida 33142		
		٠, ٠, ٠, ٠, ٠, ٠, ٠, ٠, ٠, ٠, ٠, ٠, ٠, ٠	5 7 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a The name and the Florida street	cannot serve as its own ctive Florida registration	Registered Agent. Yo n.)		16 JI SECI	
	Rogelio Pou				, U
		Name		ASS -6	[-
4381 S.W. 160th Avenue Apt. 209				— <u>~</u> ~	П
	Florida street address	s (P.O. Box NOT acce	ptable)	TIG E	
	Minimar	Florida	33037	CORE 5	
	City	State	Zip		
Having been named as registered of place designated in this certificate, further agree to comply with the pram familiar with and accept the ob	I hereby accept the appearing oversions of all statutes re	ointment as prgistered clating to the proper a	agent and agree to act in this cap id complete performance of my d provided for in Chapter 603, F.S.	oacity. I luties, and i	

3052201440

H16000163144

Page 2 of 2