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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

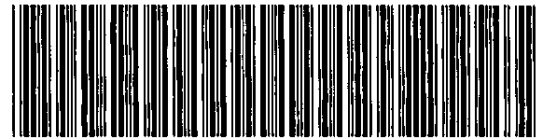
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: E. Douglas Lucas Enterprises, L.L.C.
Name of Limited Liability Company

The enclosed Articles of Organization and fees(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Betty J. Lucas
Name of Person

E. Douglas Lucas Enterprises, L.L.C.
Firm/Company

10451 NE 109th Avenue
Address

Archer, FL 32618
City/State and Zip Code

elmerlucas@bellsouth.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Betty Lucas at (352) 486-2347
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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I – Name:

E. Douglas Lucas Enterprises, L.L.C.

ARTICLE II- Address

Principal Office Address:

10451 NE 109th Avenue
Archer, Florida 32618

Mailing Address:

10451 NE 109th Avenue
Archer, Florida 32618


ARTICLE III- Registered Agent, Registered Office & Registered Agent's Signature:

The name and the Florida Street Address of the registered agent are:

Betty J. Lucas

10451 NE 109th Avenue
Archer, Florida 32618

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 that 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 in Chapter 605.F.S.


Registered Agent's Signature

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TALLAHASSEE, FLORIDA


ARTICLE IV- The name and address of each person authorized to manage and control the Limited Liability Company:

<u>Title</u>	<u>Name and Address</u>
MGR	E. Douglas Lucas, Ph.D 10451 NE 109 th Avenue Archer, Florida 32618
MGR	Brian Ludwig 10451 NE 109 th Avenue Archer, Florida 32618
AMBR	Betty J. Lucas 10451 NE 109 th Avenue Archer, Florida 32618
AMBR	Eric W. Ulrich 10451 NE 109 th Avenue Archer, Florida 32618

ARTICLE V: Effective date is to be date of filing

REQUIRED SIGNATURE:

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.



E. Douglas Lucas, Ph.D.