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(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Basiliess Ellity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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COVER LETTER

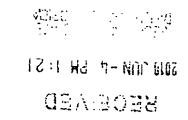
TO: Nev Div	v Filing Section		
SUBJECT:	Lisa Lightho	imited Liability Company	
SUBJECT:	Name of Li	imited Liability Company	
The enclosed	Articles of Organization and fee(s) a	are submitted for filing.	
Please return	all correspondence concerning this n	natter to the following:	
-	Lisa U	- 19h tha // Warne of Person	
		Firm/Company	
_	614 Pain	setha Are	
_	Lehigh Ac	Address (PS FL 339 City/State and Zip Code	72
_	115a/19htha	City/State and Zip Code 7 // Ca/ for @ 9 ma. d for future annual report notifica	11.64h
For further info	ormation concerning this matter, plea	•	
_	LISH Lighthall_at(at(at(at(at(at(at(at(at(at(_at(339 822.14 Area Code Daytime Telephor	ne Number
Enclosed is a	a check for the following amount:		
\$125.00 Fili	ng Fee \$\int \text{\$\frac{\\$130.00\text{ Filing Fee & }}{\text{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 Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 323	ter Circle

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:
(Must contain the words "Lithited Liability Company, "L.L.C.," or "LLC.")
(Must contain 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: Mailing Address:
614 Prinsettic Are. 614 Poinsettin Are
Johigh Acres, F1 33972 Lehigh Acres, F1
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: Lisa Lighthall
Florida street address (P.O. Box NOT acceptable)
Lehigh Acres, 12L 33972 City State Zip
City State Zip
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)



Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager MGR	LISA Lighthall
AMBR	Lin Lighthall
<i>"</i>	Lehish ALVIS PL 37972
	
(Use attachment if necessary)	
late of filing.)	d cannot be more than five business days prior to or 90 days after applicable statutory filing requirements, this date will not be listed as
ICLE 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.

Lighthall

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)

State of the State

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BECENTED