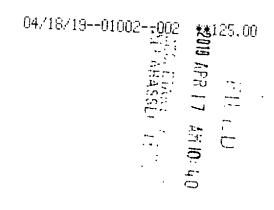
419000098488

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

Office Use Only



800328153518



COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: Veterans Light Name of Limited Bio	nthouse Electric LC bility Company
The enclosed Articles of Organization and fee(s) are submit	ted for filing.
Please return all correspondence concerning this matter to the	ne following:
Rober	t L Turner
	gefield Blud
	ddress
Jax, Fl 32	and Zip Code
Chystate	and z.ip Code
E-mail address: (to be used for futu	re annual report notification)
For further information concerning this matter, please call:	
Name of Person Area Cod	Daytime Telephone Number
Enclosed is a check for the following amount:	
☐ Certificate of Status ☐ Certificate of Status	\$5.00 Filing Fee & \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address New Filing Section Division of Corporations	Street Address New Filing Section Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Veter and Lighthouse Electric (Must contain the words "Limited LiabNity Company, "L.L.C.," or "L.L.C.,")	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: Supplied Sup	
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.)	2010 AFR
The name and the Florida street address of the registered agent are:	
Name Name Plorida street address (P.O. Box NOT acceptable)	AH 10: 40

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..

State

City

Registered Agent's Signature (REQUIRED

(CONTINUED)

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Almager	Robert L Turner 2549 Wedselveld Bld Jackson VII e Fl 32211
(Use attachment if necessary)	
(Ose anacimient is necessary)	
ARTICLE V: Effective date, if other than the dat (If an effective date is listed, the date must be specified the date of filing.)	e of filing:
ARTICLE V: Effective date, if other than the dat (If an effective date is listed, the date must be space the date of filing.) Note: If the date inserted in this block does not the document's effective date on the Department	meet the applicable statutory filing requirements, this date will not be listed as

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)