

5/29/2019

Division of Corporations

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05/29/2019

Florida Department of State

Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : C T CORPORATION SYSTEM

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

Email Address: \_\_\_\_\_

**FLORIDA LIMITED LIABILITY CO.****Luminaut Architecture PLLC**

Certificate of Status		0
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2019 MAY 29 AM 9:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FILED**

JUN 03 2019

K. Brumbley

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I - Name:**

The name of the Limited Liability Company is:

Luminaet Architecture PLLC

(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:**1100 Sycamore Avenue, Suite 200  
Cincinnati, Ohio 45202**Mailing Address:**1100 Sycamore Avenue, Suite 200  
Cincinnati, Ohio 45202**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:

C T Corporation System

Name

1200 South Pine Island RoadFlorida street address (P.O. Box NOT acceptable)Plantation,Florida33324

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..*

By: James M. Halpin James M. Halpin  
Registered Agent's Signature (REQUIRED) Assistant Secretary

(CONTINUED)

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**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

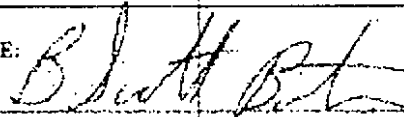
"MGR" = Manager

AMBR/MGR**Name and Address:**Matthew A. Erdman, Member1100 Sycamore Avenue, Suite 200Cincinnati, Ohio 45202\_

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.**ARTICLE VI:** Other provisions, if any.The professional purpose of the company is the practice of architecture.**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.

B. Scott Boster, Authorized Representative

Typed or printed name of signer

**Filing Fees:**

5125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

S 39.00 Certified Copy (Optional)

S 5.00 Certificate of Status (Optional)