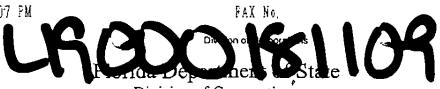
7/24/2019



Division of Corporations Electronic Filing Cover Sheet

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(((H19000222110 3)))



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FLORIDA LIMITED LIABILITY CO. FLORIDA STROBE LIGHTS LLC

Certificate of Status	0
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Electronic Filing Menu Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR FLORIDALIMITED LIABILITY COMPANY

	ELIGHTS LLC		
(Must cor	ntain the words "Limited L	iability Company, "	L.L.C.," or "LLC.")
RTICLE II - Address: he mailing address and street	address of the principal of	fice of the Limited I	Liability Company is:
Princi	pal Office Address:		Mailing Address:
18961 SW 318 TEF	UR	SAM	E
HOMESTEAD, FL	. 33030		
he Limited Liability Compar	iy cannot serve as its own l	Registered Agent. Y	t's Signature: 'ou must designate an individu
The Limited Liability Compar nother business entity with at	ny campot serve as its own it active Florida registration active florida registration address of the registered	Registered Agent. Y a.) agent are:	t's Signature; 'ou must designate an individi
The Limited Liability Compar nother business entity with at	ny cannot serve as its own i active Florida registration	Registered Agent. Y a.) agent are:	t's Signature: 'Ou must designate an individ
The Limited Liability Compar mother business entity with an	ny campot serve as its own it active Florida registration active florida registration address of the registered	Registered Agent. Y agent are: DEZ SIERRA Name	t's Signature: 'ou must designate an individi
ARTICLE III - Registered A. The Limited Liability Compar unother business entity with an	ny cannot serve as its own its active Florida registration active Florida registration address of the registered MARIO J MELEN	Registered Agent. Yo.) agent are: DEZ SIERRA Name	'ou must designate an individ
The Limited Liability Compar nother business entity with ar	iy cannot serve as its own it active Florida registration it address of the registered MARIO J MELEN 1896! SW 318 TERR	Registered Agent. Yo.) agent are: DEZ SIERRA Name	'ou must designate an individ

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..

(CONTINUED)

istered Agent's Signature (REQUIRED)

2019 JUL 24 AM 9: 11

Title; "AMBR" = Anthorized Member	Name and Address:
"MGR" = Manager	MARIO I MELENDEZ SIERRA
AMBR	18961 SW 318 TERR
	HOMESTEAD, FL 33050
	HOMESTEAD, TE 33000
•	
	
	<u> </u>
(Use attachment if necessary)	
EV: Effective date, if other than the elective date is listed, the date must be of filling.) The date inserted in this block does up	date of filing: 07/23/2019 (OPTIONAL) especific and cannot be more than five business days prior to or 90 oot meet the applicable statutory filing requirements, this date will no
EV: Effective date, if other than the elective date is listed, the date must be of filling.) If the date inserted in this block does unment's effective date on the Department.	e specific and cannot be more than five business days prior to or 9 ot meet the applicable statutory filing requirements, this date will no
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EV: Effective date, if other than the extive date is listed, the date must be if filling.) the date inserted in this block does innent's effective date on the Department's effective date on the Department's effective date on the Department's eVI; Other provisions, if any. REOURED SIGNATURE Signature This document is exit any constitutes of third de	especific and cannot be more than five business days prior to or 9 not meet the applicable statutory filing requirements, this date will not not of State's records. Intempler or an authorized representative of a member, ecuted in accordance with section 605.0203 (1) (b), Florida Statutes, false information submitted in a document to the Department of State gree fellony as provided for in s.817.155, F.S.