L20000266027

(Re	questor's Name)	
(· ·	, , , , , , , , , , , , , , , , , , ,	
(Ac	ldress)	
·	•	
(Ac	ldress)	
(Ĉi	ty/State/Zip/Phone	= #)
	_	
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
_		
Special Instructions to	Filing Officer:	
		





700350494967

08/18/20--01003--019 **125.80

LUZU MOO TO AM IU: 23

7070 AIR 8 AU IO: 2

COVER LETTER

Т @ :	New Filing Section Division of Corporations			
CHDIC	Northlight Enterprises LLC.			
SUBJE		mited Liabili	ty Company	
The end	closed Articles of Organization and fee(s) a	re submitted	for filing.	
Please i	return all correspondence concerning this m	atter to the f	ollowing:	
	Todd Hoch			
		Name of	Person	
	Northlight Enterprises LLC.			
		Firm/Co	mpany	
	7345 International PI Ste 105			
		Addr	ess	
	Sarasota, Fl 34240			
	todd@platinumgarageflooring.com	City/State and	d Zip Code	
	E-mail address: (to be used	d for future a	nnual report notification)	
For furth	er information concerning this matter, pleas	se call:		
	Todd Hoch 8	113	482-6188	
		Area Code	Daytime Telephone Num	ber
Enclose	ed is a check for the following amount:			
E \$125	5.00 Filing Fee Scriffcate of Status	Certific	ed Copy Co al copy is enclosed) Co	\$160.00 Filing Fee, ertificate of Status & ertified Copy itional copy is enclosed)
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327		Street Address New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Sui	

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDALIMITED LIABILITY COMPANY

Northlight Enterprises LLC.	
(Must contain the words "Limited Liabili	ty Company, "L.L.C.," or "LLC.")
RTICLE II - Address:	
ne mailing address and street address of the principal office o	f the Limited Liability Company is:
Principal Office Address:	Mailing Address:
7345 International PI Ste 105	7345 International PI Ste 105
Sarasota, Fl 34240	Sarasota, FI 34240
RTICLE III - Registered Agent, Registered Office, & Registered Liability Company cannot serve as its own Regist	tered Abent. You muct decionate an individual o
RTICLE III - Registered Agent, Registered Office, & Registher Limited Liability Company cannot serve as its own Registother business entity with an active Florida registration.)	tered Agent. You must designate an individual o
The Limited Liability Company cannot serve as its own Registrother business entity with an active Florida registration.)	-
he Limited Liability Company cannot serve as its own Regis	-

2423 Marton Oak Blvd

Florida street address (P.O. Box NOT acceptable)

North Port Fl 34289

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)

2020 AUG 18 AH 10: 23

ARTICLE IV-

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

Title:		Name and Address:		
"AMBR" = Authorized	Member			
"MGR" = Manager				
MGR		Todd Hoch		
mor.	_	2423 Marton Oak Blvd		
		North Port, Fl 34289		
	_			
		· · · · · · · · · · · · · · · · · · ·		
	_			
	_			
ective date is listed, the	ther than the date of date must be specif	filing: (OPTI fic and cannot be more than five business days p	IONAL) prior to o	r 90 da
EV: Effective date, if of ective date is listed, the of filing.) The date inserted in this ment's effective date on EVI: Other provisions.	block does not mee the Department of if any.	fic and cannot be more than five business days pet the applicable statutory filing requirements, this	prior to o	
EV: Effective date, if o ective date is listed, the of filing.) The date inserted in this ment's effective date on EVI: Other provisions.	block does not mee the Department of if any. URE:	fic and cannot be more than five business days per the applicable statutory filing requirements, this State's records.	prior to o	
EV: Effective date, if o ective date is listed, the of filing.) The date inserted in this ment's effective date on EVI: Other provisions. REOUIRED SIGNAT Signature of the provision of the control of	block does not meet the Department of if any. URE: ignature of a member of a member of any false in the country of a member of a member of any false in the country of th	fic and cannot be more than five business days pet the applicable statutory filing requirements, this	prior to o s date wil	l not be
EV: Effective date, if of sective date is listed, the of filing.) The date inserted in this ment's effective date on EVI: Other provisions. REOUIRED SIGNAT Signature of the section of	block does not mee the Department of if any. URE: ignature of a meml icument is executed vare that any false in ites a third degree fe	the applicable statutory filing requirements, this State's records. Moreover an authorized representative of a membrin accordance with section 605.0203 (1) (b), Floration submitted in a document to the Department.	prior to o s date wil	l not be
EV: Effective date, if of sective date is listed, the of filing.) The date inserted in this ment's effective date on EVI: Other provisions. REOUIRED SIGNAT Signature of the section of	block does not meet the Department of if any. URE: ignature of a member of a	the applicable statutory filing requirements, this State's records. ber or an authorized representative of a membin accordance with section 605.0203 (1) (b), Floration submitted in a document to the Department as provided for in \$817.155, F.S.	prior to o s date wil	l not be
EV: Effective date, if of sective date is listed, the of filing.) The date inserted in this ment's effective date on EVI: Other provisions. REOUIRED SIGNAT Signature of the section of	block does not meet the Department of if any. URE: ignature of a member of a	the applicable statutory filing requirements, this State's records. Moreover an authorized representative of a membrin accordance with section 605.0203 (1) (b), Floration submitted in a document to the Department.	prior to o s date wil	l not be
EV: Effective date, if of sective date is listed, the of filing.) The date inserted in this ment's effective date on EVI: Other provisions. REOUIRED SIGNAT Signature of the section of	block does not meet the Department of if any. URE: ignature of a member of a	the applicable statutory filing requirements, this State's records. ber or an authorized representative of a membin accordance with section 605.0203 (1) (b), Floration submitted in a document to the Department as provided for in \$817.155, F.S.	prior to o s date wil	tes.
E V: Effective date, if o ective date is listed, the of filing.) The date inserted in this ment's effective date on E VI: Other provisions. REOUIRED SIGNAT Signal This do I am aw constitute.	block does not meet the Department of if any. URE: ignature of a member of a	the applicable statutory filing requirements, this State's records. ber or an authorized representative of a membin accordance with section 605.0203 (1) (b), Floration submitted in a document to the Department as provided for in \$817.155, F.S.	prior to o s date wil	tes.
E V: Effective date, if o ective date is listed, the of filing.) The date inserted in this ment's effective date on E VI: Other provisions. REOUIRED SIGNAT Si This do I am aw constitut	block does not mee the Department of if any. URE: ignature of a meml coument is executed vare that any false in ites a third degree fe	the applicable statutory filing requirements, this State's records. ber or an authorized representative of a membrin accordance with section 605.0203 (1) (b), Floration submitted in a document to the Department of the Departmen	prior to o s date wil	l not be
E V: Effective date, if o ective date is listed, the of filing.) The date inserted in this ment's effective date on E VI: Other provisions, in the date of the constitution of the consti	block does not mee the Department of if any. URE: ignature of a meml ocument is executed vare that any false in ites a third degree fe	the applicable statutory filing requirements, this State's records. ber or an authorized representative of a membin accordance with section 605.0203 (1) (b), Floration submitted in a document to the Department of the Department	prior to o s date wil	I not be test atte 2020 AUG 18
E V: Effective date, if o ective date is listed, the of filing.) The date inserted in this ment's effective date on E VI: Other provisions. in E VI: Other provisions. This do I am aw constitute the constitute of the constitute	block does not mee the Department of if any. URE: ignature of a meml ocument is executed vare that any false in ites a third degree fe	the applicable statutory filing requirements, this State's records. ber or an authorized representative of a membin accordance with section 605.0203 (1) (b), Floration submitted in a document to the Department as provided for in s.817.155, F.S. Typed or printed name of signee Filing Fees; nization and Designation of Registered Agent	prior to o s date wil	tes.