

L 23000011889

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

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Office Use Only



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: Frontier Illumination LLC.
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

John E. Mack
Name of Person

Frontier Illumination LLC.
Firm/Company

19759 Markward Crossing
Address

Estero, FL 33928
City/State and Zip Code

jmack@frontierillumination.com
E-mail address: (to be used for future annual report notification)

23 JAN 11 AM 11:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

For further information concerning this matter, please call:

John Mack at () 646 285-1356
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & 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
 The Centre of Tallahassee
 2415 N. Monroe Street, Suite 810
 Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Frontier Illumination 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:

19759 Markward Crossing
Esteros, FL 33928

PO Box 900
Esteros, FL 33929

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:

John E. Mack

Name

19759 Markward Crossing

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

Esteros

FL

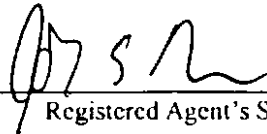
33928

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)

23 JAN -1, AM 1: 26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

AMBR

John E. Mack
19759 Markward Crossing
Esteros, FL 33928

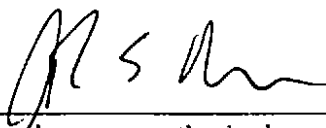
(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: January 3, 2023. (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.

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.

John E. Mack

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)

23 JAN -4 AM 11:36
 SECRETARY OF STATE
 FALLS STREET, TALLAHASSEE, FL 32399-0001
FILED

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Name

19759 Markward Crossing

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Esteros

FL

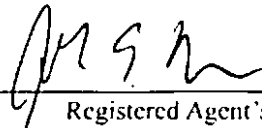
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Registered Agent's Signature (REQUIRED)

23 JAN - 4 4:11 PM '11
SECRETARY
TALLAHASSEE
36

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(CONTINUED)

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"MGR" = Manager

AMBR

Name and Address:

John E. Mack

19759 Markward Crossing

Estero, FL 33928

(Use attachment if necessary)

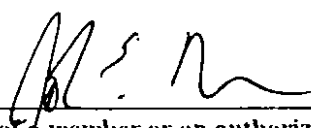
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ARTICLE VI: Other provisions, if any.

FILED
23 JAN - 8 AM 11:38
SECRETARIAT OF STATE
TALLAHASSEE FLORIDA

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.

John E. Mack

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