

L99000005882

Florida Department of State

Division of Corporations
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To: Division of Corporations
Fax Number : (850) 922-4003

From: Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 541-3694
Fax Number : (305) 541-3770

99 SEP 20 PM 4:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

99 SEP 20 AM 9:01

SECRETARY OF STATE
DIVISION OF CORPORATIONS

LIMITED LIABILITY COMPANY

lighthoon, llc.

mt
9/20

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$337.50

(4)

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Lightheon, LLC, A Florida Limited Liability Company

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

7201 N.E. 4th Avenue
Miami, Fl., 33138

ARTICLE III - Duration:

The period of duration for the Limited Liability Company shall be:

Perpetual

ARTICLE IV - Management:

(Check the appropriate box and complete the statement)

☐ The Limited Liability Company is to be managed by a manager or managers and the name(s) and address(es) of such manager(s) who is/are to serve as manager(s) is/are:

☒ The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) is/are:

Hivo Gonzalez
7201 N. E. 4th Avenue
Miami, Florida 33138

Estela Gonzalez
7201 N.E. 4th Avenue
Miami, Fl, 33138

ARTICLE V - Admission of Additional Members:

The right, if given, of the members to admit additional members and the terms and conditions of the admissions shall be:

Not given.

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JULY 14 1999
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ARTICLE VI - Members Rights to Continue Business:

The right, if given, of the remaining members of the limited liability company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company shall be:

the right to continue Business.

ARTICLE VII - Affidavit of Membership and Contributions

The undersigned member or authorized representative of a member of _____

Lightheon, LLC, A Florida Limited Liability Company verifies:

- 1) the above named limited liability company has at least one member;
- 2) the total amount of cash contributed by the member(s) is \$60,000.00 ;
- 3) if any, the agreed value of property other than cash contributed by member(s) is \$ _____
(A description of the property is attached and made a part hereto.); and
- 4) the total amount of cash and property contributed and anticipated to be contributed by member(s) is \$60,000.00



Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Hivo Gonzalez

Typed or printed name of signee

Filing Fee: \$250.00 for Articles and Affidavit

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DIVISION OF REVENUE
STATE OF FLORIDA

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**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA
STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE
FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND
REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: _____

Lighthouse, LLC, A Florida Limited Liability Company

2. The name and the Florida street address of the registered agent are:

Hivo Gonzalez

NAME

7201 N.E. 4th Avenue

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

Miami

FL 33138

CITY, STATE AND 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.*


SIGNATURE

Filing Fee: \$ 35 for Designation of Registered Agent

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TALLAHASSEE, FLORIDA