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T. CLINE
MAR 20 2012
EXAMINER

TO: Registration Section Division of Corporations		
SUBJECT: Luctin Group, LLC		
	ited Liability Company	
The enclosed Articles of Organization and fee(s) are	e submitted for filing.	
Please return all correspondence concerning this mat	tter to the following:	
Peter Quinter, Esq.		
•	Name of Person	
Becker & Poliakoff, P.A		
	Firm/Company	
3111 Stirling Road		
	Address	
Hollywood, FL 33312		
	ity/State and Zip Code	
mgroisman@becker-poliakoff  E-mail address: (to be used	.COM for future annual report notification)	<del></del>
For further information concerning this matter, pleas	·	
Peter Quinter	at (954 ) 985-4101	20
Name of Person	Area Code & Daytime Telephone Number	7
Enclosed is a check for the following amount:	13	2012 WAR 19
\$125.00 Filing Fee \$\times \text{Certificate of Status}\$	\$155.00 Filing Fee & \$160.00 Filing Fee, Certified Copy (additional copy is enclosed)  \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section	<b>.</b>

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

•	DT		17	•	NT.	
А	RT	IK .I	, M.,	1 -	N A	me:

The name of the Limited Liability Company is:

# Luctin Group, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

### **ARTICLE II - Address:**

Principal Office Address

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

Mailing Address

Timerpar Office Address:	Maning Audress:
1850 Eller Drive	1850 Eller Drive
Suite 503	Suite 503
Fort Lauderdale, FL 33316	Fort Lauderdale, FL 33316

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:

Peter Quinter, Esq.

Name

3111 Stirling Road

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

Hollywood

FL 33312

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 as provided for in Chapter 608, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

# ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:	Name and Address:
"MGR" = Manager "MGRM" = Managing Memb	er
MGR	Luis Alberto Abot
	1850 Eller Drive Suite 503 Fort Lauderdale, FL 33316
MGR	
WGK	Guillermo Atkinson 1850 Eller Drive Suite 503
	Fort Lauderdale, FL 33316
MGR	Gerardo Martin Fernandez
	1850 Eller Drive Suite 503
	Fort Lauderdale, FL 33316
(Use attachment if necessary)	
ICLE V: Effective date, if other t	than the date of filing: (OPTIONAL)  must be specific and cannot be more than five business days prior
ICLE V: Effective date, if other to effective date is listed, the date	must be specific and cannot be more than five business days prior
ICLE V: Effective date, if other to effective date is listed, the date 90 days after the date of filing.)  REQUIRED SIGNATURE:	must be specific and cannot be more than five business days prior
ICLE V: Effective date, if other to effective date is listed, the date 90 days after the date of filing.)  REQUIRED SIGNATURE:  Signature of the date of filing of the constitutes an affirmat I am aware that any faconstitutes a third degree.	a number or an authorized representative of a member.  ction 608.408(3), Florida Statutes, the execution of this document ion under the penalties of perjury that the facts stated herein are true.  lese information submitted in a document to the Department of State.
ICLE V: Effective date, if other to effective date is listed, the date 90 days after the date of filing.)  REQUIRED SIGNATURE:  Signature of (In accordance with seconstitutes an affirmat I am aware that any fa	must be specific and cannot be more than five business days prior  a nyember or an authorized representative of a member.  ction 608.408(3), Florida Statutes, the execution of this document ion under the penalties of perjury that the facts stated herein are true. Is a information submitted in a document to the Department of State ree felony as provided for in s.817.155, F.S.)

\$125.00 Filing Fee for Articles of Organization and Designation

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)