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CONTACT:	RICKY SO	<u>ΓΟ</u>	
DATE:	01/22/2014		
REF. #:	9027194		
CORP. NAME:	LUKE ASS	ETS LLC.	
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		ITH CHECK# <u>70013682</u> FOR \$ CCOUNT IF TO BE DEBITE	
		COST LI	MIT: \$
PLEASE RETUI	RN:		
(XX) CERTIFIED COI		ERTIFICATE OF GOOD STANDING	() PLAIN STAMPED COPY

Examiner's Initials

COVER LETTER

The enclosed Articles of Organization and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: YAVOR LUKETIC Name of Person LUKE ASSETS LLC. Firm/Company 6113 NW 36th ST. SUITE 4027 Address VIRGINIA GARDENS -FLORIDA 33166 City/State and Zip Code yluketic@interlinkxs.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please cell: YAVOR LUKETIC Name of Person Enclosed is a check for the following amount: \$125.00 Filing Fee \$130.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed) Malling Address Registration Section Division of Corporations P.O. Box 6327 Tablesee Bt 23214	Division of Corporations
The enclosed Articles of Organization and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: YAVOR LUKETIC Name of Person LUKE ASSETS LLC. Firmt/Company 6113 NW 36th ST. SUITE 4027 Address VIRGINIA GARDENS -FLORIDA 33166 City/State and Zip Code yluketic@interlinkxs.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: YAVOR LUKETIC at 305 Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: \$125.00 Filing Fee Certificate of Status & Certificate Of Corporations P.O. Box 6327 Halling Address Registration Section Division of Corporations P.O. Box 6327 Clifton Building	SURJECT: LUKE ASSETS LLC.
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Tallahassee, PL 32314 2001 Executive Center Circle Tallahassee, FL 32301	Registration Section Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

LUKE ASSETS LLC.	(Must end with the words	"Limited Liability Company, "L.L.C.," or "LLC	C.")
ARTICLE II - Addr	***		
		rincipal office of the Limited Liability Company	/ is:
Princinal Office Add	ress:	Malling Address:	
8113 NW 38th ST. SU/TI	4027	8113 NW 38th ST. SUITE 4027	
			
firginia Gardens - Florida		Virginia Gardens - Florida	
RTICLE III - Regi The Limited Liability nother business entit	Company cannot serve as y with an active Florida re	33166 3 Office, & Registered Agent's Signature: s its own Registered Agent. You must designate egistration.)	: an indivi
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The Limited Liability nother business entited	Company cannot serve any with an active Florida re	33166 I Office, & Registered Agent's Signature: s its own Registered Agent. You must designate egistration.) registered agent are:	: an indivi
STICLE III - Regi The Limited Liability mother business entit	Company cannot serve any with an active Florida re	33166 I Office, & Registered Agent's Signature: s its own Registered Agent. You must designate egistration.) registered agent are: Inc. Name	: an indivi
STICLE III - Regi The Limited Liability mother business entit	Company cannot serve as y with an active Florida rerida street address of the man NRAI Services, I	33166 I Office, & Registered Agent's Signature: s its own Registered Agent. You must designate egistration.) registered agent are: Inc. Name	: an indivi
STICLE III - Regi The Limited Liability mother business entit	Company cannot serve as y with an active Florida rerida street address of the man NRAI Services, I	33166 I Office, & Registered Agent's Signature: s its own Registered Agent. You must designate egistration.) egistered agent are: Inc. Name Island Road	: an indivi

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Michele Holden, Asst. Secretary

Page 1 of 2s

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
"AMBR"	LUKE HOLDINGS LTD
	6113 NW 36th St. Sulto 4027
	Virginia Gardons - Florida - 33166
"MGR"	YAVOR LUKETIC
	8113 NW 36th St. Suite 4027
	Virginia Gardens - Florida - 33166
"MGR"	DOMITILA RAFAELA BISTOLFI LUKETIC
	6113 NW 36th St. Suito 4027
	Virginia Gardons - Florida - 33166
"MGR"	KAREL BISTOLFI LUKETIC
	6113 NW 36th St. Suite 4027
	Virginia Gardens - Florida - 33166
(Use attachment if necessary) EV: Effective date, if other than the ective date is listed, the date must be filling.)	
EV: Effective date, if other than the ective date is listed, the date must be	date of filing:
E V: Effective date, if other than the ective date is listed, the date must be filling.)	date of filing:
E V: Effective date, if other than the ective date is listed, the date must be filling.) E VI: Other provisions, if any.	date of filing:
E V: Effective date, if other than the ective date is listed, the date must be filling.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a (In accordance with seel constitutes an affirmatic I am aware that any fals.)	date of filing:
E V: Effective date, if other than the ective date is listed, the date must be filling.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a (In accordance with seel constitutes an affirmatic I am aware that any fals.)	member or an authorized representative of a member, ion 605.0203 (1) (b), Florida Statutes, the execution of this documen on under the penalties of perjury that the facts stated herein are true, ie information submitted in a document to the Department of State the felony as provided for in s.817.155, F.S.)
E V: Effective date, if other than the ective date is listed, the date must be filling.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a (In accordance with seel constitutes an affirmatic I am aware that any fals.)	member or an authorized representative of a member, ion 605.0203 (1) (b), Florida Statutes, the execution of this documen on under the penalties of perjury that the facts stated herein are true, the information submitted in a document to the Department of State the felony as provided for in s.817.155, F.S.)

<u>Title:</u> "AMBR" = Authorized M "MGR" = Manager	Name and Address:
"MGR"	IAN BISTOLFI LUKETIC
	6113 NW 35th St. Sulta 4027
	Virginia Gardens - Florida - 33166
Use attachment if necess	rv)
	r than the date of filing: (OPTIONAL)
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EV: Effective date, if oth ctive date is listed, the d f filing.)	r than the date of filing: (OPTIONAL) te must be specific and cannot be more than five business days prior to or 9 ny.
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CV: Effective date, if oth ctive date is listed, the diffiling.) CVI: Other provisions, if REOURED SIGNATUR Sign (in accordance constitutes a 1 am aware to	than the date of filing: te must be specific and cannot be more than five business days prior to or 9 my. (E: ature of a member or an authorized representative of a member. with section 605.0203 (1) (b), Florida Statutes, the execution of this document affirmation under the penalties of perjury that the facts stated herein are true, at any false information submitted in a document to the Department of State third degree felony as provided for in s.817.155, F.S.)

Page 3 of 3