02/11/2013 01381 505220160 0 PARUS SRPTASE 8 8 PAGE 01/03

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:	Division of Corporations	20	Ā's
	Fax Number : (850)617-6381	2025	ÉĞ
From:		MU	≥쫎
	Account Name : LAZARUS CORPORATE FILING SERVICE, INC.		<u>~</u> ₹
	ACCOUNT NUMBER : 120000000019		- SS콘트
	Phone : (305)552-5973		
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	nter the email address for this business entity to be used for firture annual report mailings. Enter only one email address please.**	28	207 207
	Email Address:		

FLORIDA LIMITED LIABILITY CO. LUMA PROPERTY INVESTMENT LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		
Luma Proporty Investment LLC		
ARTICLE II - Address:	<u> </u>	
The mailing address and street address of the principal office of the Limited Liability Company is: M. P. O. Box <140757 Miami Alonia. 33194 P. 6355 See Pth ST Suit. 100 Miani fl. 33144		
4.6355 See Pthor soit. 100 Man fl. 33144	2025	֝֝֝֝֝֝֝֟֝֝֟֝֝֟֝֟֝֝֟֝ ֓֓֓֓֞֓֞֓֞֓֞֞֓֞֞֓֞֞֓֞֓֞֞֞֞֞֞֓֓֞֞֞֞֓֓֞֞֞
	=======================================	LAHAS
ARTICLE III - Registered Agent, Registered Office: The name and the Florida street address of the registered agent are: (The Limitea Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)	PH 4: 28	SEE, FLORID!
duis 0 Capote. 9745 su 16 si miani, fl 33165	·	•
ARTICLE IV The name and title of each person authorized to manage and control the Limited Liability Company: (MGR or AMBR) Liability Company: (MGR or AMBR) Liability Company: (MGR or AMBR) My S O (Apote - A M B R) Marian eta (Ley va - A M B R)		

Required Signatures:

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

In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

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.

Typed or printed name of signee

Having been named as registered agent and to accept service of process for the above stated limited liability company at the piace 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)