L01000016589

TRANSMITTAL LETTER

	, v.	0000045	
Department of St Division of Corp P.O. Box 6327 Tallahassee, F1	orations	0000045 -09/26/	01-01043-015 8.75 *****78.75 672100-8 01-01081-001
, 1	,	काकाकाकाका ()	6.25 *****76.25
SUBJECT:	LUKRA, INC. L	L.C.	
	(proposed corpora	te name)	<u> </u>
Enclosed is an incorporation an	original and one d our check for \$78	76	articles of
FROM:	ANA GONZALEZ		. 1 .
	Name 15 ANTILLA AVI	(printed or typed) ENUE #1	0 = W9/27
	Addre: CORAL GABLES 1		SECRETAR VISION OF C
	City, 305 443-7410 ()	State, & Zip	A SORP
	Telepl	hone Number	9: 25

Note: Please provide the original and one copy of the Articles.



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

September 13, 2001

ANA GONZALEZ 15 ANTILLA AVENUE #1 CORAL GABLES, FL 33134

SUBJECT: LUKRA, L.L.C. Ref. Number: W01000021350

We have received your document for LUKRA, L.L.C. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Enclosed is the correct form for filing a limited liability company.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please can (850) 245-6958.

Lee Rivers Document Specialist

Letter Number: 301A00051550

TO WHOM IT MAY CONCERN: (Michelle or Tammy) Division of Corporations PLEASE BE ADVISED THAT WE HAVE ALREADY SENT PAYMENT OF \$78.75.

ENCLOSED PLEASE FIND BALANCE OF \$46.25 TO FILE ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY.)

+30.00 for certified copy

Total #76,25

ANA M. GONZALEZ

SECRETARY OF STATE STATE ON SECRETARY OF CORPORATIONS ON 25

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name		•
The name of the Limi	ted Liability Company is:	
	LUKRA, L.L.C.	•
•		
ARTICLE II - Addr		
The mailing address a	and street address of the principal office of the Limited Liability	ty Company is:
	15 ANTILLA AVENUE #	
ARTICLE III - Pagi	CORAL GABLES FL 33134	
III - Regi	stered Agent, Registered Office, & Registered Agent's Sig	nature:
The name and the Flo	rida street address of the registered agent are:	•
	ANA M. GONFALEZ	
	ANA M. GONZALEZ	
	15 ANTILLA AVENUE #1	9 3
	Florida street address (P.O. Box NOT acceptable)	SE SE
	CORAL GABLES FL 33134	2 95
•	City, State, and Zip	그 8주도
Having been named a	sa vacciatore d'accest and de	₹ 890 P
liability company at the	is registered agent and to accept service of process for the above	e stated limited
registered agent and	he place designated in this certificate, I hereby accept the appoi	ntment as N
statutes relating to the	agree to act in this capacity. I further agree to comply with the proper and complete performance of my duties, and I am fami	provisions of all 😸
accept the obligations	of my position as registered agent as provided for in Chapter (liar with and
2	ay my position as registered agent as provided for in Chapter (100, F.S.
	· Chisney	
	Registered Agent's Signature	
4	\	\
Article IV - Wanage	ement (Check box if applicable.)	
therefore a mon	pility Company is to be managed by one manager or more manager - managed company.	agers and is,
mererore, a man	ager - managen company.	\
(An a	additional article must be added if an effective date is requeste	. ,
(1 201 6	added it are effective date is requeste	Q)
♡	Cha Sh X x X	
Si	gnature of a member or an authorized representative of a member.	,
((In accordance with section 608.408(3), Florida Statutes, the execution	
	of this document constitutes an affirmation under the penalties of periors	
□ '	hat the facts stated herein are true.)	
	ANA M. CONTACT	
. -	ANA. M. GONZALEZ Typed or printed name of signee	terminal and the second second
	<u></u>	

Filing Fees:

\$100.00 Filing Fee for Articles of Organization \$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)