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TRANSMITTAL LETTER

TO:	Registration Section Division of Corporations				
SUBJE	CT:Luxury Homes of Parkland, LLC				
	(Name of Limited Liability Company)				
The enclosed Articles of Organization and fee(s) are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
Aftab Cumber					
(Name of Person)					
(Name of Person) H.A. Cumber, Inc. (Firm/Company)					
H.A. Cumber, Inc. (Firm/Company)					
10100 West Sample Road, Suite 205					
(Address)					
10100 West Sample Road, Suite 205 (Address)					
Coral Springs, FL 33065 (City/State and Zip Code)					
(Chyronic and Lip Code)					
For further information concerning this matter, please call:					
	Kenneth Wilson at (954) 753-4242 x207				
	(Name of Person) (Area Code & Daytime Telephone Number)				

STREET ADDRESS:

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION **FOR** FLORIDA LIMITED LIABILITY COMPANY

ARTICLES OF ORG FOR FLORIDA LIMITED LIAB	
ARTICLE I - Name: The name of the Limited Liability Company is:	THE PARTY OF THE P
ARTICLE II - Address: The mailing address and street address of the princip	
Principal Office Address:	Mailing Address:
10100 West Sample Road, Suite 205	c/o H.A. Cumber, Inc.
Coral Springs, FL 33065	10100 West Sample Road, Suite 205
	Coral Springs, FL 33065
ARTICLE III - Registered Agent, Registered Off The name and the Florida street address of the regist	
Aftab Cumber Name	

Having compa 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 \$08, Florida Statutes...

Registered Agent's Signature

Page 1 of 2 (CONTINUED)

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:

MGRM		Aftab Cumber
212 512 512		10100 West Sample Road, Suite 205
		Coral Springs, FL 33065
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	*	·
		The second secon
(I lee attach	ment if necessary)	
(Ose attach	illicite it nocessary)	
NOTE: A	n additional article mus	st be added if an effective date is requested.
REQUIRE	ED SIGNATURE:	
	•	
	Signature of a member or	an authorized representative of a member.
		on 608.408(3), Florida Statutes, the execution s an affirmation under the penalties of perjury are true.)
		Aftab Cumber
		or printed name of ciange

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)