

L050000 51948

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

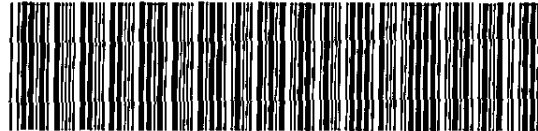
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer

Office Use Only



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05/25/05--01002--025 **310.00

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TALLAHASSEE, FLORIDA

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EXPRESS CORPORATE FILING SERVICE INC.

Requestor's Name

1000 PONCE DE LEON BLVD. SUITE:101

Address

CORAL GABLES, FL 33134

City/State/Zip

(305) 444-4994

Phone #

OFFICE USE ONLY

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05 MAY 25 PM 12:21
STATE OF FLORIDA
TALLAHASSEE

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. Luochi L.L.C.
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- ☐ Walk in ☒ Pick up time _____ ☒ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input checked="" type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

**ARTICLES OF ORGANIZATION
OF
LUCCHI L.L.C.**

FILED
05 MAY 25 PM 12:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I. NAME:

The name of the Limited Liability Company is LUCCHI L.L.C.

ARTICLE II. ADDRESS:

The mailing address and street address of the principal office of the Limited Liability
is 3138 COMODORE PLAZA # 109
COCONUT GROVE FL 33133

ARTICLE III. REGISTERED OFFICE AND REGISTERED AGENT:

The name and the Florida street address of the registered agent are:

LEONOR SUCRE
5600 COLLINS AVE # 7-S
MIAMI BEACH FL 33140

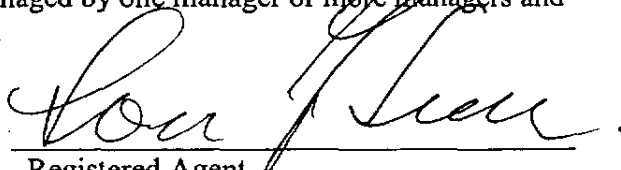
Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate; I hereby accept the appointment as registered Agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the property 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.

**ARTICLE IV. MANAGEMENT OF THE ORGANIZATION BY BOARD OF
MANAGERS.**

LEONOR SUCRE	50%
5600 COLLINS AVE # 7-S	
MIAMI BEACH FL 33140	

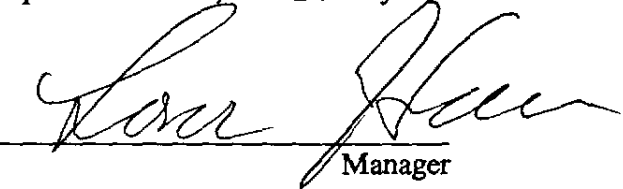
LUISA RODRIGUEZ	50%
5600 COLLINS AVE # 7-S	
MIAMI BEACH FL 33140	

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager-managed company.


Registered Agent

Cont. Articles of Organization

IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization at Miami, Dade-County, Florida, for the uses and purposes aforesaid, this 24 day of May, 2005



Manager