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SECRETARY OF STATE DIVISION OF CORPORATIONS

B. Tadlock JAN 1 8 2007

COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJI	CT: Luxury Leisure Living LLC.	
	(Name of Limited Liability Company)	
The en	closed Articles of Organization and fee(s) are submitted for filing.	
Please	return all correspondence concerning this matter to the following:	
	Gerald P Bernard	
	(Name of Person)	
	Luxury Leisure Living LLC.	
	(Firm/Company)	
	2808 NE 10TH AVE.	
	(Address)	
	Wilton Manors, FL. 33334	
	(City/State and Zip Code)	· · ·
For fur	ther information concerning this matter, please call:	
Eun	de Sanon at (754) 366-0497	
	de Sanon at (754) 366-0497 (Name of Person) (Area Code & Daytime Telephone Num	iber)
Enclo	ed is a check for the following amount:	
\$12:	Certificate of Status Certified Copy Certificat (additional copy is enclosed) Certified	00 Filing Fee, te of Status & I Copy copy is enclosed)
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company i	is:		
Luxury Leisure Living LLC. Must end with the words "Limited Liability Company, "Lir	mited Company" or their abbreviation "LLC," or "L.	C.,")	
ARTICLE II - Address: The mailing address and street address of the	principal office of the Limited Liability	/ Company	/ is :
Principal Office Address:	Mailing Address:		
2808 NE 10TH AVE. Wilton Manors, FL. 33334	2808 NE 10TH AVE. Wilton Manors, FL. 33334		
ARTICLE III - Registered Agent, Register (The Limited Liability Company cannot serve as its own Re business entity with an active Florida registration.) The name and the Florida street address of the	egistered Agent. You must designate an individual or	another	S
Gerald P. Bernard Nar	me		NO 3
5051 NW 58TH TERF	RACE address (P.O. Box NOT acceptable)	JAN 16 PM	OF CORF
Coral Springs, FL. 33065		ぶ	STA ORA
	te, and Zip	19	NOTE STATE
Having been named as registered agent and liability company at the place designated is registered agent and agree to act in this capa statutes relating to the proper and complete accept the obligations of my position as re	in this certificate, I hereby accept the app wity. I further agree to comply with the p r performance of my duties, and I am fami	pointment a provisions o iliar with a	s of all ind

(CONTINUED)
Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title: "MGR" = Manager	Name and Address:
"MGRM" = Managing Me	ember
MGR	Gerald P Bernard
	5051 NW 58TH TERRACE
	Coral Springs, FL. 33065
MGRM	Eunide Sanon
	10465 NW 2ND CT Plantation, FL 33324
·	
(I Ioo otto alamanut : Con occurr	
(Use attachment if necessary	ary)
LE V: Effective date, if ot	her than the date of filing: (OPTIONA
ffective date is listed, the d	late must be specific and cannot be more than five business day
days after the date of fili	ng.)
REQUIRED SIGNATU	RE:
REQUIRED SIGNATU	RE:
REQUIRED SIGNATU	RE:
REQUIRED SIGNATUR	

Gerald P. Bernard

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)

that the facts stated herein are true.)

\$ 5.00 Certificate of Status (Optional)