

LO7000064715

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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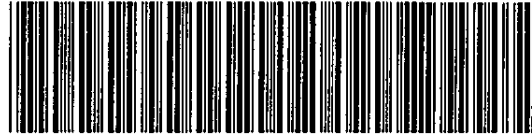
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Luxor Properties, 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:

Dale S. Wilson

(Name of Person)

Dale S. Wilson, P.A.

(Firm/Company)

PO Box 1808

(Address)

Green Cove Springs, FL 32043

(City/State and Zip Code)

For further information concerning this matter, please call:

Dale S. Wilson

(Name of Person)

at (904) 284-5618

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address

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

Street/Courier Address

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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TALLAHASSEE, FL 32301

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ARTICLES OF ORGANIZATION

OF

LUXOR PROPERTIES, LLC

The undersigned, for the purpose of forming a limited liability company under the Florida Limited Liability Company Act, F.S. Chapter 608, hereby makes, acknowledges, and files the following Articles of Organization.

ARTICLE I

NAME

The name of the *Limited Liability Company* is LUXOR PROPERTIES, LLC.

ARTICLE II

NATURE OF BUSINESS

The general character, purpose, and nature of business to be transacted by this Company is: acquisition, redevelopment, development, marketing, and rental and sales of real estate and any other lawful commercial enterprise.

ARTICLE III

ADDRESS

The mailing address and street address of the principal office of the company is 2287 Knowles Road, Green Cove Springs, Florida 32043.

ARTICLE IV

DURATION

The period of duration for the Limited Liability Company shall be perpetual.

ARTICLE V

REGISTERED OFFICE/AGENT

The registered office of this Limited Liability Company is 2287 Knowles Road, Green Cove Springs, Florida 32043, and the Registered Agent at such location is Charles Colleen.

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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 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 608, F.S.


Charles Colleen

ARTICLE VI
MANAGER AND MANAGING MEMBERS

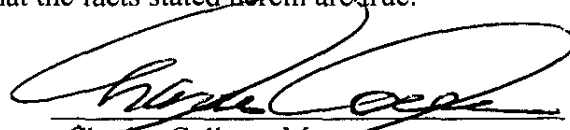
Title:

MGR

Name and Address:

Charles Colleen
2287 Knowles Road
Green Cove Springs, FL 32043

In accordance with F.S. 608.408(3), the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.


Charles Colleen, Manager

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