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(Re	equestor's Name)	
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(Cr	ty/State/Zip/Phone #)	
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PICK-UP	WAIT MAIL	
(Bu	usiness Entity Name)	
(Do	ocument Number)	
0 117 10 1		
Certified Copies	Certificates of Status	
Special Instructions to	Filing Officer LUNT	
Special instructions to	- = none	
	JAN 25 2008	
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SECRETARY OF STATE
ALLAHASSEE, FI ORIOA

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Registration Section

TO:

Division of Corporations		
SUBJECT: _	LUXE AND LIBERTY L.L.C.	
	(Name of Limited Liability Company)	
The enclosed A	articles of Organization and fee(s) are submitted for filing.	
Please return a	Il correspondence concerning this matter to the following:	
	REBECCA ORREL	
	(Name of Person)	
•	LUXE AND LIBERTY L.L.C. (Firm/Company)	
	(Firm/Company)	
	1612 NEW YORK AVENUE	
	(Address)	
	OR LANDO FL 32803 FEE 2 (City/State and Zip Code)	
	(City/State and Zip Code)	
- 6 4 1 6	ormation concerning this matter, please call:	
For further int		
REBE	CCA ORREL at 352 256-23 8 N	
	(Name of Person) at (352) 256-23 88 N (Area Code & Daytime Telephone Number) 2	
Enclosed is a	check for the following amount:	
\$125.00 Fili	ring Fee \$\bigcup \\$130.00 \text{ Filing Fee & }\bigcup \\$155.00 \text{ Filing Fee & }\bigcup \\$160.00 \text{ Filing Fee,} \\ Certificate of Status & Certified Copy & 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	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:	
LUXE AND LIBE	
(Must end with the words "Limited Liabil	ity Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pr	incipal office of the Limited Liability Company is
Principal Office Address:	Mailing Address:
1612 NEW YORK AVENUE ORLANDO, FL 32803	1612 NEW YORK AVENUE OPLANDO, FL 32803
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.) The name and the Florida street address of the registration.	registered agent are:
REBECCA O	RREL FIST D
Name	DRID 2: 2
16/2 NEW Y	ORK AVENUE DE 28
	iress (P.O. Box <u>NOT</u> acceptable)
ORLANDO	FL 32803
City, State, a	and Zip
liability company at the place designated in t registered agent and agree to act in this capacit statutes relating to the proper and complete pe	accept service of process for the above stated limited his certificate, I hereby accept the appointment as y. I further agree to comply with the provisions of a reformance of my duties, and I am familiar with and stered agent as provided for in Chapter 608, F.S

(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: Name and Address: "MGR" = Manager "MGRM" = Managing Member REBECCA ORREL 1612 NEW YORK AVENUE ORLANDO, FL 32803 LARRY ORREL 1612 NEW YORK AVENUE ORLANDO, FL 32803 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be more than five business days (IF) or to or 90 days after the date of filing.)

REQUIRED SIGNATURE:

Signature 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 perjury that the facts stated herein are true.)

REBECCA ORREL
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)
- \$ 5.00 Certificate of Status (Optional)