Florida Department of State

Division of Corporations Public Access System

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L. SELLERS

To:

Division of Corporations

Fax Number

: (850)617-6383

SEP 25 2009

EXAMINER

From:

Account Name : HUBCO

Account Number : 104662003400

Phone

: (516)935-3940

Fax Number

: (516)935-3088

FLORIDA/FOREIGN LIMITED LIABILITY CO.

i Luminate LLC

Certificate of Status	1
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Estimated Charge	\$130.00

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ARTICLES OF ORGANIZATION FOR

FLORIDA LIMITED LIABILITY COMPANY ARTICLE I - Name The name of the Limited Liability Company is: i Luminate LLC ARTICLE II - Address The mailing address and street address of the principal office of the Limited Liability Company is: Principal Office Address: Mailing Address: _18126 Ral Harbour 18126 Bal Harbour _Houston, TX 77058_ Houston, TX 77058

ARTICLE III - Registered Agent, Registered Office & Registered Agent's Signature The name and Florida street address of the registered agent are:

Harry M. Samuels	
Name	
2901 Stirling Road #307	
(P.O. Box or Mail Drop Box NOT Acceptable)	
Fort Lauderdale, FL 33312	^ ~ ~ ~
(City / State / Zip)	

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 bisition as registered agent as provided for in Chapter 608, F.S.

Agent's Signature - Harry M. Samuels

	r. Managing Metriber(s): ager or Managing Member is as follows:
Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	Miral M, Koth - 225 E. 57th Street #90, New York, NY 10022
(Use attachment if necessary)	
REQUIRED SIGNATURE:	
Signature	of a member or authorized representative of a member.
•	nce with section 608.408(3), Florida Statutes, the execution of this matitutes an affirmation under the penalties of perjury that the facts are true.)
	Miral M. Kotb
	Typed or printed name of signee

FILED

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SECRETARY OF STATES
TALLAHASSEE FLORIES