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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Inversiones Luzmi 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:
Luz Mirella Vargas Name Scherson
NA Firm/Company
18856 N.W. 63 ct.
Hialeah, Fl. 33015 City/State and Zip Code
· · · · · · · · · · · · · · · · · · ·
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:
Lvz Mirella Vargas at 305 647-779 Arca Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee Certificate of Status 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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name: The name of the Limited Liability Company is:
Thversiones Luzmi, LLC. (Must end with the words "Limited Liability Company, "L.L.C.," or "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:
18856 N.W. 63d. Hialegh, Fl. 33015 Hialegh, Fl. 33015
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)
The name and the Florida street address of the registered agent are: Toe Villegas - Villegas Investment Group, LLC Name P.#(786)-575-5309 5980 S.W. 47 St. P.#(786)-575-5309
5980 S.W. 47 St. 1 (186) 202
Florida street address (P.O. Box NOT acceptable)
Cora Gables FL 33155 City, State, and 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 position as registered agent as provided for in Chapter 608, F.S

(CONTINUED)
Page 1 of 2

The name and address of each Mana	ager or Managing Member is as follows:
Title: "MGR" = Manager "MGRM" = Managing Member MGRM / PRESIDENT	Name and Address: LVZ Merilla Vargas 18856 N.W. 63E- Hialeah, Fl. 33015
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(Use attachment if necessary)	THE STATE OF THE S
0 days after the date of filing.)	e date of filing: (OPTIONAL be specific and cannot be more than five business days
REQUIRED SIGNATURE:	
iden M	er or an authorized representative of a member.
Signature of a member	er of an authorized representative of a member,

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

\$125.00 Filing Fee for Articles of Organization and Designation

Filing Fees:

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)