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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Emmil Address;

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number: 072450003255

Phone

: (305)634-3694

Fax Number : (305)633-9696

Enter the email address for this business entity to be used for fu annual report mailings. Enter only one email address please.

FLORIDA LIMITED LIABILITY CO.

luciana 1401, llc

Certificate of Status	0
Certified Copy	1
Page Count	0.3
Estimated Charge	\$155.00

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J. SAULSBERRY **EXAMINER**

2/1/2011

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limit	ed Liability Co	mpany is:	
Luciana 1401,	LLC		
(Must en	d with the words "L	limited Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Addre The mailing address ar		s of the principal office of the Limited Liability Company	is:
Principal Office Addi	ress:	Mailing Address:	
900 Brickell Key Drive Miami, Florida 33131	#1603	900 Brickell Key Drive #1603 Miami, Florida 33131	
(The Limited Liability Compa business entity with an active	ny cannot serve as i Florida registration	Registered Office, & Registered Agent's Signature: ts own Registered Agent, You must designate an individual or another 1.) ess of the registered agent are:	
Juan Fernando Franco		Franco	2
900 Brickell Key Drive #1603		l Key Drive #1603	2011 FEB
	Plori	da street address (P.O. Box NOT acceptable)	œί
Mia	ami	_{FL} 33131	÷
<u></u>		City, State, and Zip	2
liability company a	it the place desig	ent and to accept service of process for the above stated limit gnated in this certificate, I hereby accept the appointment as	ea

Having been named as registered agent und 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 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.

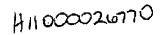
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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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 MGR Juan Fernando Franco 900 Brickell Key Drive #1603 Mlami, Florida 33131 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: . (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior 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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.) Fernando Franco wan Typed or printed name of signee Filing Fces:

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\$125.00 Filing Fee for Articles of Organization and Designation

of Registered Agent \$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)