

L1100000 81556

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

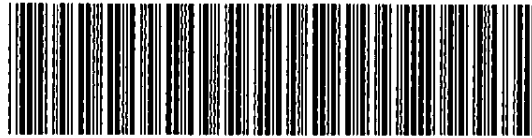
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11 JUL 15 PM 12:58
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DIVISION OF CORPORATIONS

Charter Number Only

7-14-11

Dedro E. martell, Esq

Requestor's Name

9485 SW 72nd Street #A265

Address

Miami, FL 33173 (305) 275-0077

City

State

ZIP

Phone

VALIDATION ONLY

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DIVISION OF CORPORATIONS
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CORPORATION(S) NAME

Luki Dorai LLC

- | | | |
|--|--|--|
| <input type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> NonProfit | | |
| <input type="checkbox"/> Foreign | <input type="checkbox"/> Dissolution | <input type="checkbox"/> Mark |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Annual Report | <input checked="" type="checkbox"/> Other LLC |
| <input type="checkbox"/> Reinstatement | <input type="checkbox"/> Reservation | <input type="checkbox"/> Change of Registered Agent |
| <input type="checkbox"/> Certified Copy | <input type="checkbox"/> Photo Copies | <input checked="" type="checkbox"/> Certificate Under Seal |
| <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Call If Problem | <input type="checkbox"/> After 4:30 |
| <input checked="" type="checkbox"/> Walk In | <input type="checkbox"/> Will Wait | <input checked="" type="checkbox"/> Pick Up |
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 Empire Toll Free: 1-800-432-3028

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LUKI DORAL 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:

PEDRO F. MARTELL, ESQUIRE

Name of Person

PEDRO F. MARTELL, P.A.

Firm/Company

9485 S.W. 72ND STREET, SUITE A-265

Address

MIAMI, FLORIDA 33173

City/State and Zip Code

pfmartellpa@bellsouth.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Pedro F. Martell

Name of Person

at (305) 275-0077

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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**ARTICLES OF ORGANIZATION FOR FLORIDA
LIMITED LIABILITY COMPANY**

ARTICLE I – Name:

The name of the Limited Liability Company is:

LUKI DORAL LLC

ARTICLE II – Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

**2276 S.W. 142nd Place
Miami, Florida 33175**

Mailing Address:

**2276 S.W. 142nd Place
Miami, Florida 33175**

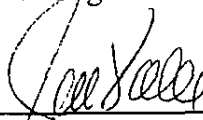
ARTICLE III

**Registered Agent, Registered Office and
Registered Agent's Signature:**

The name and the Florida street address of the Registered Agent are:

**JUAN M. DEL VALLE
2276 S.W. 142nd Place
Miami, Florida 33175**

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.



JUAN M. DEL VALLE, Registered Agent

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

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The name and address of each Manager or Managing Member is as follows:

Title:

Name and Address:

MGR/MGRM


Enrique Galindo Martens
Av. Del Rodeo 35 B. Los Penascales,
Torrelodones, 28250, Madrid, Spain

MGR/MGRM

Lourdes Alvarez Menendez
Av. Del Rodeo 35 B. Los Penascales,
Torrelodones, 28250, Madrid, Spain

ARTICLE V

The effective date shall be the date of filing.



**JUAN M. DEL VALLE, Authorized
Representative**

(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.).

Typed name of Signee:

JUAN M. DEL VALLE

This instrument was prepared by:
Pedro F. Martell, Esq.
9485 S.W. 72nd Street, Suite A-265
Miami, FL 33173