

L11000139741

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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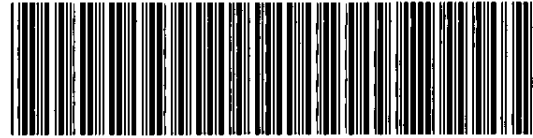
(Business Entity Name)

(Document Number)

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11 DEC 12 AM 10:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NO. 011-013 DEC 12 2011



**LAW OFFICE OF CHARMAINE C. POWELL**

20401 NW 2<sup>nd</sup> Avenue Suite 201

Miami, FL 33169

Phone: 305.654-9420

Facsimile: 305.654-0229

October 26, 2011

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Re: Luna Mansa Properties, LLC

**To Whom It May Concern**

Enclosed, please find Articles of Organization and fee for filing.

Please return all correspondence concerning this matter to Law Office of Charmaine C. Powell, Esq. at the above address.

Very truly yours

Charmaine C. Powell, Esq.



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 17, 2011

LAW OFFICE OF CHARMAINE C. POWELL  
20401 NW 2ND AVENUE  
SUITE 201  
MIAMI, FL 33169

SUBJECT: LUNA MANSA PROPERTIES, LLC  
Ref. Number: W11000058370

We have received your document for LUNA MANSA PROPERTIES, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Neysa Culligan  
Regulatory Specialist II

Letter Number: 611A00026072

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** LUNA MANSA PROPERTIES, 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:

CHARMAINE C. POWELL, ESQ.

Name of Person

LAW OFFICE OF CHARMAINE C. POWELL

Firm/Company

20401 NW 2ND AVENUE, SUITE 201

Address

MIAMI, FLORIDA 33169

City/State and Zip Code

LAWOFFICECPOWELL@COMCAST.NET

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

For further information concerning this matter, please call:

CHARMAINE C. POWELL

Name of Person

at ( 305 ) 654-9420

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

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

**FILED**  
**11 DEC 12 AM 10:01**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

**ARTICLE I - Name:**

The Name of the Limited Liability Company is:

**LUNA MANSA PROPERTIES, LLC**

**ARTICLE II – Address:**

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

**Principal Office Address**

**7130 NW 63<sup>RD</sup> WAY  
PARKLAND, FLORIDA 33067**

**Mailing Address**

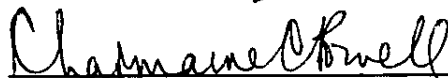
**7130 NW 63<sup>RD</sup> WAY  
PARKLAND, FLORIDA 33067**

**ARTICLE III - Registered Agent, Registered Office and Registered Agent's Signature**

The name and the Florida street address of the registered agent are:

**CHARMAINE C. POWELL, ESQ.  
20401 NW 2<sup>ND</sup> AVENUE, SUITE 201  
MIAMI, FLORIDA 33169**

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..



Registered Agent's Signature

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

The name and address of each manager or managing member is as follows:

Title  
**MANAGER**

Name and Address  
**ADRIANA PETERSEN**  
**7130 NW 63<sup>RD</sup> WAY**  
**PARKLAND, FLORIDA 33067**

**ARTICLE V – Purpose:**

This Limited Liability Company is organized for the purpose of transacting any and all lawful business that a Limited Liability Company can do including but not limited to operating a Real Estate Business including but not limited to buying, selling, renting and managing real property.

**ARTICLE VI – Duration and Beginning of Limited Liability Company's Existence:**

This Limited Liability Company shall exist perpetually. The existence of this Limited Liability Company shall commence as of the filing of the Articles of Organization for Florida Limited Liability Company.

**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:

**Adriana Petersen**

Type or printed name of signee

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

11 DEC 12 AM 10:01

FILED