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(Re	equestor's Name)	
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(Cir	ty/State/Zip/Phone	e #)
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· (Do	ocument Number)	
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SECRETARY OF STATE

JAN 2 3 2013 J. BRYAN  $\overline{\gamma}$ 

# **COVER LETTER**

TO: Registration Section Division of Corporations  SUBJECT: LUMA PEP XV, 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:
Evan Alexander
LUMA Capital, LLC
LUMA Capital, LLC  Firm/Company  1167 Third St South #204  Address  Naples El 34102
ين المحادث ال
City/State and Zip Code ealexander@lumacapital.com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Evan Alexander at (239 ) 435-9888  Name of Person Area Code & Daytime Telephone Number
Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
■\$125.00 Filing Fee

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 FI	LORIDA LIMITED LIABILITY COMBANY
ARTICLE I - Name:	Ecg 3 Ja
The name of the Limited Liability Company is:	<b>温度 る 「</b>
The hance of the Elimited Elaonity Company is.	
	PA PA
LUMA PEP XV, LLC	<u>.</u>
(Must end with the words "Limited Liabi	lity Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	20 m
	rincipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
Timeipai Office Address.	Maning Address.
1167 Third St South #204	same
Naples, FL 34102	
business entity with an active Florida registration.)  The name and the Florida street address of the Aqualane Advisory Services,	
Name	
1167 Third St South #204	
	dress (P.O. Box NOT acceptable)
	, <sub>FL</sub> 34102
	tate, and Zip
Having been named as registered agent and to liability company at the place designated in registered agent and agree to act in this capacall statutes relating to the proper and comple and accept the obligations of my position as re	accept service of process for the above stated limited this certificate, I hereby accept the appointment as city. I further agree to comply with the provisions of te performance of my duties, and I am familiar with existered agent as provided for in Chapter 608, F.S.
Registered Agent's Signa	mile (REQUIRED)

(CONTINUED)

Page 1 of 2

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

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

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member  MGMR	Daniel Keller - Anwlone Alvisory Sorvices 1167 379 St. South #204 Naples, Fl 39102
	TALLAR 22
	SSEC. FLORED
(Use attachment if necessary)	
RTICLE V: Effective date, if other the fan effective date is listed, the date in to or 90 days after the date of fili	must be specific and cannot be more than five business days
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.)

Injel N. Kelfer
Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

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