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	To:	Division of Corporations Fax Number : (850)617-	EFFECTIVE DATE	3/1/2013		
	annua	Account Name : LAZARUS ( Account Number : I2000000 Phone : (305)552- Fax Number : (305)220- e email address for this bu h report mailings, Enter o Address:	0019 -5973 -1440 siness entity to be used :			
	6:55 State Lorida	FLORIDA LIMITED LIABILITY CO. LUXLEV CAPITAL FUND I, LLC.				
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01/01/2031							
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	ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY						
	ARTICLE 1 - Name: The name of the Limited Liability Company is:						
	EFFECTIVE DATE 31 2013						
	LuxLev Capital Fund I, 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:						
	2725 Salzedo St. 2nd Floor, Coral Gables, FL 33134 2725 Salzedo St. 2nd Floor, Coral Gables, FL 33134						
	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.)						
i i	The name and the Florida street address of the registered agent are:						
	James R. Venney						
	Name						
	1900 S.W. 33 AVE, Florida street address (P.O. Box <u>NOT</u> acceptable)						
	Adiami 22145						
	City, State, and Zip						
	Having been named as registered agent and to accept service of process for the above stated limited ltability 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.						
	LIM-						
	Registerer Agent's Signature (REQU(R50)						
	(CONTINUED)						
	Page 1 of 2						
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	ARTICLE IV- Manager(s) or Manager(s) or Manager (s) and address of each Manager (s) and addres	anaging Member(s): ager or Managing Member is as follows:
	<u>Title:</u> "MGR" = Manager	Name and Address:
	"MGRM" = Managing Member	1 -
	MGRM	James R. Venney
		1900 S.W. 33 AVE.
}		Miami, FL 33145
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.	(Use attachment if necessary)	
		the date of filing: 03/01/2013
	n enective date is usted, the date min r to or 90 days after the date of filing.	ust be specific and cannot be more than five business days )
	<u>REOUIRED</u> SIGNATURE:	$\gamma \rho -$
		XVI -
	Signature of a men	ther or an authorized representative of a member.
	(In accordance with section ( constitutes an affirmation un I am aware that any false infi	608.408(3), Florida Statutes, the execution of this document der the penalties of perjury that the facts stated herein are true, ormation submitted in a document to the Department of State ony as provided for in s.817.155, F.S.)
		James R. Venney

Filing Peer:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.80 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

Page 2 of 2

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