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ATLANASSEE, FLORIDA

B. BOSTICK
MAR 2 5 2013
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LUMA PEP XVI, 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 Name of Person LUMA Alternative Investments, LLC 1167 Third St South #204 Naples, FL 34102 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 Name of Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount: ■\$125.00 Filing Fee □\$130.00 Filing Fee & □\$155.00 Filing Fee & □ \$160.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) 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

ARTICLE I - Name:

The name of the Limited Liability Company is:		
LUMA PEP XVI, LLC		
(Must end with the words "Limited Liabili	ty Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:		
The mailing address and street address of the pri	ncipal office of the Limited L	Liability Company is
Principal Office Address:	Mailing Address:	
1167 Third St South #204	1167 Third St South #204	
Naples, FL 34102	Naples, FL 34102	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.) The name and the Florida street address of the results and the Florida street address of the Florida street address of the results and the Florida street address of t	egistered agent are: NTS, LLC NTS (P.O. Box NOT acceptable)	's Signature: vidual or another 13 MAR 22 AM II: 06
	te, and Zip	∑ O'
Having been named as registered agent and to a liability company at the place designated in the registered agent and agree to act in this capacital statutes relating to the proper and complete and accept the obligations of my position as regional accept the Agent's Signature.	his certificate, I hereby accept to ty. I further agree to comply we performance of my duties, and gistered agent as provided for i	the appointment as with the provisions of ad I am familiar with

Page 1 of 2

(CONTINUED)

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 "MGRM" = Managi	ng Member	Name and Address:		
	MGRM		Daniel Keller c/o LUMA Alternative		
			1167 Third St South #204		
			Naples, FL 34102		
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n e	CLE V: Effective date of the lister of the l	e, if other than the ed, the date must ed, the date must e date of filing.) ATURE: gnature of a member ance with section 608 an affirmation under that any false inform a third degree felony paniel Keller	et date of filing: It be specific and cannot be more that B.408(3), Florida Statutes, the execution of this repealties of perjury that the facts stated he mation submitted in a document to the Department.	. (OPTIONA in five busines ber. document erein are true.	

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)