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Florida Department of State

Division of Corporations

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
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**FLORIDA LIMITED LIABILITY CO.
STUDIO LUZ LLC**

Certificate of Status	0
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**ARTICLES OF ORGANIZATION FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I

The Name of the Limited Liability Company shall be:

STUDIO LUZ LLC

ARTICLE II

The Company is organized for any legal and lawful purpose for which a limited liability company may be organized pursuant to the Act.

ARTICLE III

The mailing address and street address of the principal office of the limited liability company is:

19493 40TH AVENUE
SUNNY ISLES, FL 33160

ARTICLE IV

The Name of The Manager (s) shall be:

MGR
DAMIAN ELISSALT
19493 40TH AVENUE
SUNNY ISLES, FL 33160

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ARTICLE V

The name and Florida street address of the registered agent shall be:

NERA SHEFER
20802 BISCAYNE BLVD SUITE 306
AVENTURA, FL 33180

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**CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED
OFFICE/MEMBER/REPRESENTATIVE**

STUDIO LUZ LLC

Having been named as registered agent and to accept service of process for the above stated Limited Liability Company at the place designated in the articles of organization, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.

Nera Shefer

Signature of Registered Agent

Nera Shefer

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)

NERA SHEFER

Typed or printed name signee

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