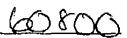
Division of C orida Department of State

Page 1 of 1

Division of Corporations Electronic Filing Cover Sheet



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number: 072450003255 : (305)634-3694

: (305)633-9696 Fax Number

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:

FLORIDA LIMITED LIABILITY CO. STUDIO LUZ LLC

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APR - 5 2013

4/4/2013

EMPIRE CORP

9696889908 T. HAMPTON

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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 SECRETARY OF STATE DIVISION OF CORPORATIONS

13 APR -4 AM 8: 47

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ARTICLE Y

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

NERA SHEFER 20802 BISCAYNE BLVD SUITE 306 AVENTURA, FL 33180

13 APR -4 AM 8: 47

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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.

Signature of Registered Agent

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

SECRETARY OF STATE DIVISION OF CORPORATIONS