(Requestor's Name)	
(Nequestors Name)	
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(City/State/Zip/Phone #)	
PICK-UP WAIT MA	IL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
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EFFECTIVE DATE

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T. BROWN

COVER LETTER

τ̈́ο:	Registration Solvision of Co		ş	
CHRIE	CT.	Lurviu Estate	Group LL	c .
SUBJE	C1:	Name of Limite	d Liability Company	
The enc	losed Articles of	Organization and fee(s) are s	ubmitted for filing.	
Please r	eturn all correspo	ondence concerning this matte	r to the following:	
-		Jason	Lopez Name of Person	
_		Lurury	Estate Ciro	vp LLC
		•	Firm/Company	
_		1441 Fortun	e Retail Ct	273
			Address	
_		Kissimmee	FL 347	49
-		E-mail address: (to be used for	e group @ m	ail, Com itification)
For furt	her information o	concerning this matter, please	call:	
	Jason La	of Person	at (407) Area Code & D	791-7 454 aytime Telephone Number
Enclos	ed is a check fo	r the following amount:		
\$125.0	00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing For Certified Copy (additional copy is e	ee & Side \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courie Registration S Division of C Clifton Build 266 i-Executi	ection orporations

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLES OF OROANZATION FOR FLORIDA ENVITED LIABILITY COMPANY
ARTICLE I - Name:
The name of the Limited Liability Company is:
Luxury Estate Group 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:
The manning address and select address of the principal office of the Entitled Elability Company is.
Principal Office Address: Mailing Address:
1441 Fortune retail C+ 223 1441 Fortune Retail C+ 223
Kissimmee FL 34744 Kissimmee FL 34744 EFFECTIVE DAT
i - l - l -
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.)
outsiness than an above Provide registration.
The name and the Florida street address of the registered agent are:
Jonathan Lopez
Name
1441 Fortune Retail Ct 223
Florida street address (P.O. Box NOT acceptable)

Having been named as registered agent and to accept service of process for the above stated limited liability 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.

gistered Agent's Dispature (REQUIREL

(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:

MGRM Jonathan Lopez 1441 Fortune retail Ct	MGR	ing Member
144 Fortune retail Ct 347		Lason Lopez
MGRM Jonathan Lopez 1441 Fortune (etail Ct- Kissimmee FL 347 (Use attachment if necessary) LE V: Effective date, if other than the date of filing: January 1, 2014 ffective date is listed, the date must be specific and cannot be more that or 90 days after the date of filing.)		1441 Fortune retail Ct 223
(Use attachment if necessary) LE V: Effective date, if other than the date of filing:		
(Use attachment if necessary) LE V: Effective date, if other than the date of filing:	MGEM	Jonathan Lopez
(Use attachment if necessary) LE V: Effective date, if other than the date of filing:		1441 Fortune retail Ct 223
LE V: Effective date, if other than the date of filing: \(\sum_{\text{anwary}} \) \(\sum_{\text{20}} \) \(\text{Y} \) \(fective date is listed, the date must be specific and cannot be more that or 90 days after the date of filing.)		KISSIMMEE FL 34744
LE V: Effective date, if other than the date of filing: \(\sum_{\text{anwary}} \) \(\sum_{\text{20}} \) \(\text{Y} \) \(fective date is listed, the date must be specific and cannot be more that or 90 days after the date of filing.)		
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LE V: Effective date, if other than the date of filing: \(\sum_{\text{anwary}} \) \(\sum_{\text{20}} \) \(\text{Y} \) \(fective date is listed, the date must be specific and cannot be more that or 90 days after the date of filing.)		
LE V: Effective date, if other than the date of filing: \(\sum_{\text{anwary}} \) \(\sum_{\text{20}} \) \(If ective date is listed, the date must be specific and cannot be more that or 90 days after the date of filing.)		
LE V: Effective date, if other than the date of filing: \(\sum_{\text{anwary 1, 20 \ Y}}\) [fective date is listed, the date must be specific and cannot be more that or 90 days after the date of filing.)		<u> </u>
Jeo San	•	
Signature of a member or an authorized representative of a memb	LE V: Effective da ffective date is list or 90 days after th REQUIRED SIGN	te, if other than the date of filing:
(In accordance with section 608.408(3), Florida Statutes, the execution of this constitutes an affirmation under the penalties of perjury that the facts stated her	LE V: Effective da fective date is list or 90 days after th REQUIRED SIGN	te, if other than the date of filing: <u>January 1, 2014</u> . (OPTION ed, the date must be specific and cannot be more than five busine date of filing.)
constitutes a third degree felony as provided for in s.817.155, F.S.) Typed or printed name of signee	LE V: Effective da ffective date is list or 90 days after th REQUIRED SIGN S (In accord constitute I am awar	te, if other than the date of filing:

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