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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: <u>Luxor Living. LLC</u> Name of Limit	ted Liability Company
The enclosed Articles of Organization and fee(s) are	submitted for filing.
Please return all correspondence concerning this mate	ter to the following:
Haadia Siddiqi	Name of Person
Luxor Living, LLC	Firm/Company
P.O. Box 950006	Address
Lake Mary, FL 32795	y/State and Zip Code
LuxorLivingLLC@gmail.com E-mail address: (to be used to	for future annual report notification)
For further information concerning this matter, please	e call:
Haadia Siddiqi at (51 Name of Person	6) 3027919 Area Code Daytime Telephone Number
Enclosed is a check for the following amount: \$\Boxed{125.00}\$ \text{ Filing Fee } \boxed{\omega}\$ \$	□\$155.00 Filing Fee & □\$160.00 Filing Fee, Certified Copy Certificate of Status & 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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is		
Luxor Living, LLC (Must end with the word:	s "Limited Liability Company, "L.L.C.,"	or "LLC.")
ARTICLE II - Address: The mailing address and street address of the p	principal office of the Limited Liability C	Company is:
Principal Office Address:	Mailing Address:	
213 Orange Ridge Circle Longwood, FL 32779	P.O. Box 950006 Lake Mary, 32795	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve another business entity with an active Florida The name and the Florida street address of the Haadia Siddiqi	as its own Registered Agent. You must d registration.)	
	Name	
213 Orange Ridge C Florida street address	Circle s (P.O. Box <u>NOT</u> acceptable)	0: 59 DRIDA
<u>Longwood</u> City	<u>FL 32779</u> Zip	•
Having been named as registered agent and to the place designated in this certificate, I he capacity. I further agree to comply with the of my duties, and I am familiar with and acc	reby accept the appointment as registered provisions of all statutes relating to the pr	l agent and agree to act in this oper and complete performance

(CONTINUED)

Page 1 of 2

"MBR" = Authorized Member "MGR" = Manager AMBR Haadia Siddiqi 213 Orange Ridge Circle Longwood, FL 32779	"MGR" = Manager	
AMBR Yasar Sheikh 213 Orange Ridge Circle Longwood, FL 32779 (Use attachment if necessary) CLE V: Effective date, if other than the date of filing: January 2, 2015 (OPTIONAL) (Gettive date is listed, the date must be specific and cannot be more than five business days prior to or 90 day e of filing.) CLE VI: Other provisions, if any. REQUIRED SIGNATURE: (In accordance with Section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State	AMBR	
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\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)	REQUIRED SIGNATURE: Signature of a me (In accordance with section of constitutes an affirmation under a maware that any false information constitutes a third degree felon \$125.00 Filing Fee for Articles of Organical Signature of a maware that any false information under the section of constitutes a state of the section of the sectio	inter or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document or the penalties of perjury that the facts stated herein are true, mation submitted in a document to the Department of State as provided for in s.817.155, F.S.) Yasar Sheikh Typed or printed name of signee Filing Fees: