L15000019049

| (Requestor's Name) | |
|---|-----------|
| (Address) | <u> </u> |
| (Address) | |
| (City/State/Zip/Phone | #) |
| PICK-UP WAIT | MAIL |
| (Business Entity Name | e) |
| (Document Number) | |
| Certified Copies Certificates of | of Status |
| Special Instructions to Filing Officer: | |
| | |
| | |
| | |
| | |



400266637204

01/21/15--01008--008 **160.00

2015 JAN 21 AM II: 18

N. CUMBON FEB - 2 2815

COVER LETTER

| | egistration Section ivision of Corporations | | |
|---------------|---|---|--|
| SUBJECT | : <u>Consistent</u> | LUXUY Y | |
| The enclose | ed Articles of Organization and fee(s) a | re submitted for filing. | |
| Please retu | rn all correspondence concerning this m | natter to the following: | |
| | Brandon | Galber Name of Person | |
| | | rt LUXUFY Firm/Company | |
| | 16500 | NE 26th | Ave |
| | North Miami B | DEACH FL City/State and Zip Code | 33160 |
| | Consistentium. E-mail address: (to be use | d for future annual report no | otification) |
| For further | information concerning this matter, ple | ase call: | |
| Bran | Name of Person at (| 786 942 Area Code Daytim | 0759 ne Telephone Number |
| Enclosed is | a check for the following amount: | | |
| □ \$125.00 Fi | ling Fee \$\Bigcup \frac{1}{30.00}\$ Filing Fee & Certificate of Status | \$155.00 Filing Fee & Certified Copy (additional copy is enclos | Certificate of Status & Certified Copy (additional copy is enclosed) |
| | Mailing Address Registration Section | Street/Courier Registration Sec | |
| | Division of Corporations | Division of Cor | |

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| The name of the Limited Liability Company is: | |
|--|--|
| (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: | |
| Principal Office Address: Mailing Address: | |
| 16500 NE 26th Are North Migni FL 33160 North Migni, FL 33166 | - |
| 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 indivanother business entity with an active Florida registration.) | vidual or |
| The name and the Florida street address of the registered agent are: | 三三三三三三三三三三三三三三三三三三三三三三三三三三三三三三三三三三三三三三 |
| Brandon Garber | 图复工 |
| Name | 第2日 |
| 16500 NE agth Are | |
| Florida street address (P.O. Box NOT acceptable) | |
| North Mram? FL 33160 | سرم (سی ب |

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 605, E.S.A.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

| <u>Title:</u> "AMBR" = Authorized Member | Name and Address: |
|--|--|
| AIVIDR - Authorized Methoer | |
| "MGR" = Manager | |
| | · |
| | |
| | · · · · · · · · · · · · · · · · · · · |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| (Use attachment if necessary) | |
| ective date is listed, the date must be spec of filing.) | of filing: (OPTIONAL) cific and cannot be more than five business days prior to or 90 da |
| ective date is listed, the date must be specif filing.) E VI: Other provisions, if any. | cific and cannot be more than five business days prior to or 90 da |
| ective date is listed, the date must be specifiling.) E VI: Other provisions, if any. | cific and cannot be more than five business days prior to or 90 da |
| ective date is listed, the date must be specifiling.) E VI: Other provisions, if any. | cific and cannot be more than five business days prior to or 90 da |
| ective date is listed, the date must be specifiling.) E VI: Other provisions, if any. REQUIRED SIGNATURE: | cific and cannot be more than five business days prior to or 90 day |
| REQUIRED SIGNATURE: Signature of a men | cific and cannot be more than five business days prior to or 90 days to or 90 days prior to or 90 days pri |
| REQUIRED SIGNATURE: Signature of a men (In accordance with section 605 | nber or an authorized representative of a member. |
| REQUIRED SIGNATURE: Signature of a men (In accordance with section 605 constitutes an affirmation under | nber or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true. |
| REQUIRED SIGNATURE: Signature of a men (In accordance with section 605 constitutes an affirmation under I am aware that any false inform | nber or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true. The penalties of perjury that the Department of State |
| REQUIRED SIGNATURE: Signature of a men (In accordance with section 605 constitutes an affirmation under I am aware that any false inform constitutes a third degree felony | nber or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true. The penalties of perjury that the Department of State as provided for in s.817.155, F.S.) |
| REQUIRED SIGNATURE: Signature of a men (In accordance with section 605 constitutes an affirmation under I am aware that any false inform constitutes a third degree felony | nber or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true. The penalties of perjury that the Department of State as provided for in s.817.155, F.S.) |
| REQUIRED SIGNATURE: Signature of a men (In accordance with section 605 constitutes an affirmation under I am aware that any false inform | nber or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true. The penalties of perjury that the bepartment of State as provided for in s.817.155, F.S.) |
| REQUIRED SIGNATURE: Signature of a men (In accordance with section 605 constitutes an affirmation under 1 am aware that any false inform constitutes a third degree felony | nber or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true. The penalties of perjury that the Department of State as provided for in s.817.155, F.S.) |
| REQUIRED SIGNATURE: Signature of a men (In accordance with section 605 constitutes an affirmation under 1 am aware that any false inform constitutes a third degree felony | nber or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true. nation submitted in a document to the Department of State as provided for in s.817.155, F.S.) |
| REOUIRED SIGNATURE: Signature of a men (In accordance with section 605 constitutes an affirmation under I am aware that any false inform constitutes a third degree felony | nber or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true. nation submitted in a document to the Department of State as provided for in s.817.155, F.S.) Typed or printed name of signee Filing Fees: |
| REQUIRED SIGNATURE: Signature of a men (In accordance with section 605 constitutes an affirmation under 1 am aware that any false inform constitutes a third degree felony | nber or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true. nation submitted in a document to the Department of State as provided for in s.817.155, F.S.) |