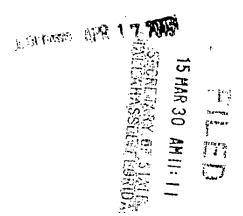


(Re	equestor's Name)	·
(Ac	ddress)	
(Δ.	idress)	
(7)	udressy	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bi	usiness Entity Nar	me)
(5)	ocument Number)	
(LX	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	





03/30/15--01051--009 **130.00



COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJI	ECT: <u>Luxury Group South Florid</u> Nam	da LLC ne of Limited Liability Company
The en	closed Articles of Organization and	fee(s) are submitted for filing.
Please	return all correspondence concerning	g this matter to the following:
	Roman Pavlik	
		Name of Person
	Keller Williams Eagle Realty	
		Firm/Company
	700 NE 90th St	
		Address
	Miami, FL 33138	
•.		City/State and Zip Code
_in:	fo@LuxuryGroupSouthFlorida.co E-mail address: (to	o be used for future annual report notification)
For fur	ther information concerning this mat	ter, please call:
<u>Roma</u>	n Pavlik Name of Person	at (<u>305</u>) <u>3433910</u> Area Code Daytime Telephone Number
Enclose	ed is a check for the following amou	nt:
□ \$125.0	0 Filing Fee ☑\$130.00 Filing F Certificate of St	
	Mailing Address	Street/Courier Address
	Registration Section Division of Corporations	
	P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Nam The name of the Lir	ne: mited Liability Company is:		
Luxury Group Son	uth Florida LLC (Must end with the words "l	Limited Liability Company, "L.L.C.,"	or "LLC.")
ARTICLE II - Add The mailing address		cipal office of the Limited Liability (Company is:
Principal Office Ac	ddress:	Mailing Address:	
700 NE 90th St Miami, FL 33138		700 NE 90th St Miami, FL 33138	
(The Limited Liabil another business en	ity Company cannot serve as i tity with an active Florida reg	·	
The name and the F	lorida street address of the reg	sistered agent are:	
	Roman Pavlik		-
		Name	
	700 NE 90th st		-
	Florida street address (P.	O. Box <u>NOT</u> acceptable)	
	Miami	FL 33138	· -
	City	Zip	
the place design capacity. I further	ated in this certificate, I hereby r agree to comply with the prov I I am familiar with and accept Registered Agent	cept service of process for the above so accept the appointment as registered visions of all statutes relating to the process for the obligations of my position as registered (Chapter 605, F.S	d agent and agree to act in this roper and complete performance

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
MGR	Roman Pavlik
	700 NE 90th ST
	Miami, FL 33138
MGR	Luis Fernandez
	550 Biltmore Way PH-2
	Coral Gables, FL 33134
MGR	Dmitry Viner
	20801 Biscayne Blvd #101
	Aventura, FL 33180
MGR	Farouk Gongee
	1680 Meridian Ave #101
	· · · · · · · · · · · · · · · · · · ·
EV: Effective date, if other than the ctive date is listed, the date must	Miami Beach, FL 33139 date of filing: 03/25/15 (OPTIONAL) be specific and cannot be more than five business days prior to or 90
EV: Effective date, if other than the ctive date is listed, the date must be filling.)	e date of filing: 03/25/15 (OPTIONAL)
EV: Effective date, if other than the ctive date is listed, the date must be filling.)	e date of filing: 03/25/15 (OPTIONAL)
EV: Effective date, if other than the ctive date is listed, the date must be filling.)	e date of filing: 03/25/15 (OPTIONAL)
ctive date is listed, the date must filling.) E VI: Other provisions, if any. REQUIRED SIGNATURE:	e date of filing: 03/25/15 (OPTIONAL) De specific and cannot be more than five business days prior to or 90
E V: Effective date, if other than the ctive date is listed, the date must if filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE:	e date of filing: 03/25/15 (OPTIONAL) De specific and cannot be more than five business days prior to or 90
E V: Effective date, if other than the ctive date is listed, the date must of filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of the coordance with sections.	a member or an authorized representative of a member
EV: Effective date, if other than the ctive date is listed, the date must of filing.) EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of the constitutes an affirmation	a member or an authorized representative of a member. on 605.0203 (1) (b), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are trice.
E V: Effective date, if other than the ctive date is listed, the date must of filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of the constitutes an affirmation I am aware that any false	a member or an authorized representative of a member. on 605.0203 (1) (b), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are trigging for the Department of States follows as provided for in a document to the Department of States follows as provided for in a 817.155. E.S.)
E V: Effective date, if other than the ctive date is listed, the date must of filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of the constitutes an affirmation I am aware that any false	a member or an authorized representative of a member. on 605.0203 (1) (b), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true; information submitted in a document to the Department of States felony as provided for in s.817.155, F.S.)
E V: Effective date, if other than the ctive date is listed, the date must of filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of the constitutes an affirmation I am aware that any false	a member or an authorized representative of a member. on 605.0203 (1) (b), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true; information submitted in a document to the Department of State; felony as provided for in s.817.155, F.S.)
EV: Effective date, if other than the ctive date is listed, the date must of filing.) EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of the constitutes an affirmation I am aware that any false constitutes a third degree	a member or an authorized representative of a member. on 605.0203 (1) (b), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true; information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.)
E V: Effective date, if other than the ctive date is listed, the date must of filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of the constitutes an affirmation I am aware that any false constitutes a third degree	a member or an authorized representative of a member. on 605.0203 (1) (b), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true; information submitted in a document to the Department of State; felony as provided for in s.817.155, F.S.)

ARTICLE IV-