

APR/24/2015 12:18:37
4/24/2015

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Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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TALLAHASSEE, FLORIDA

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RECEIVED
15 APR 24 AM 10:00
FLORIDA DEPARTMENT OF STATE
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FLORIDA LIMITED LIABILITY CO.
LUCKY STAR ONE, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

7. Search APR 24 2015

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

LUCKY STAR ONE, LLC

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.,")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:
7025 RUE GRANVILLE #3
MIAMI BEACH, FL 33141

Mailing Address:
7025 RUE GRANVILLE #3
MIAMI BEACH, FL 33141

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.)

The name and the Florida street address of the registered agent are:

CRISTIAN J. VILLAFANE
Name

7025 RUE GRANVILLE #3
Florida street address (P.O. Box NOT acceptable)

MIAMI BEACH, FL 33141
City, State, and Zip

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, F.S.


Registered Agent's Signature (REQUIRED)

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15 APR 24 PM 1:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"AGRM" = Authorized Member

Name and Address:

AGRM

CRISTIAN J. VILLAFANE
7025 RUE GRANVILLE #3
MIAMI BEACH, FL 33141

AGRM

AGRM

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CLERK OF STATE
TALLAHASSEE, FLORIDA

ARTICLE V: Effective date, if other than the date of filing: 4/23/15 (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

ARTICLE VI: Other provisions, if Any:

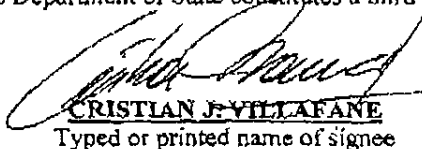
None

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

In accordance with section 605.0203(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 constitutes a third degree felony as provided for in s.817-155-F.S.


CRISTIAN J. VILLAFANE
Typed or printed name of signee