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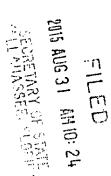
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COVER LETTER

TO: Re	gistration Section vision of Corporations
SUBJECT:	AR Luxury Heels, LLC
SUBJECT:	Name of Limited Liability Company
The enclose	d Articles of Organization and fee(s) are submitted for filing.
Please retur	n all correspondence concerning this matter to the following:
	Kevin O. Fogle, Paralegal
•	Name of Person
	Nelson Mullins Riley & Scarborough LLP
•	Firm/Company
	201 17th Street NW, Suite 1700
•	Address
	Atlanta, GA 30363
	City/State and Zip Code
<u> </u>	E-mail address: (to be used for future annual report notification)
For further in	formation concerning this matter, please call:
)	Kevin O. Fogle, Paralegal 404 322-6285
-	at () Name of Person Area Code Daytime Telephone Number
Enclosed is	a check for the following amount:
\$125.00 Fil	

Mailing Address

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

Street Address

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

AR Luxury Heels, Ll (Must end	LC with the words "Limited	l Liability Company,	"L.L.C.," or "LLC.")	· ·
ARTICLE II - Address: The mailing address and street ad	idress of the principal c	office of the Limited	Liability Company is:	
<u>Principa</u>	al Office Address:		Mailing Address	:
1500 Bay Road, #440	OS	1500	Bay Road, #440S	<u> </u>
Miami Beach, FL 33	139	Miar	ni Beach, FL 33139	dual or Section 3
another business entity with an a		d agent are:		AHIO: 24 SSEEL TOTAL
		•	•	
	1500 Bay Road, #44 Florida street addres	os os (P.O. Box <u>NOT</u> ac	centable)	3 /
	•	FL	33139	,
•	Miami Beach City	State	Zip	
Having been named as registered of place designated in this certificate, further agree to comply with the pram familiar with and accept the ob	I hereby accept the app ovisions of all statutes r	ointment at regislere relating to the proper	d agent and agree to act in t and complete performance o	his capacity. I If my duties, and I
	Regis	tered Agent's Signati	ire (REQUIRED)	,
		(CONTINUED)		

<u> Citle:</u>	Name and Address:
AMBR" = Authoriz	
MGR" = Manager	
AMBR	Antonio Casas Riera
	1500 Bay Road, #440S
	Miami Beach, FL 33139
	-
	,
V: Effective date, i tive date is listed, t	cessary) f other than the date of filing:
V: Effective date, in the case of the case is listed, to filling.) The date inserted in the case of the case inserted in the case of the	f other than the date of filing: (OPTIONAL) he date must be specific and cannot be more than five business days prior to or 90 nis block does not meet the applicable statutory filing requirements, this date will not on the Department of State's records.
ctive date is listed, t filing.) he date inserted in the	fother than the date of filing: (OPTIONAL) the date must be specific and cannot be more than five business days prior to or 90 this block does not meet the applicable statutory filing requirements, this date will not on the Department of State's records. s, if any.
V: Effective date, in tive date is listed, to filing.) the date inserted in the ent's effective date. VI: Other provision	fother than the date of filing: (OPTIONAL) the date must be specific and cannot be more than five business days prior to or 90 this block does not meet the applicable statutory filing requirements, this date will not on the Department of State's records. s, if any.
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V: Effective date, in the date in served in the date inserted in the date inserted in the date. VI: Other provision EEOUIRED SIGNATION.	fother than the date of filing: (OPTIONAL) the date must be specific and cannot be more than five business days prior to or 90 this block does not meet the applicable statutory filing requirements, this date will not on the Department of State's records. s, if any. Signature of a member or an authorized representative of a member. document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
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ARTICLE IV-