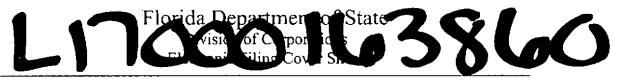
Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H17000200233 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : INTERSTATE FILINGS LLC

Account Number : I20110000086 : (718)569-2703 Phone Fax Number : (718)504-7890

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_CONTACT@INTERSTATEFILINGS.COM

## FLORIDA LIMITED LIABILITY CO. EURO LUXE INTERNATIONAL LLC

Certificate of Status Certified Copy Page Count Estimated Charge

0

0

02

\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

AUG 0 2 2017

K. Brumbley

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABBLITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

EURO LUXE INTERNATIONAL LLC

(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:

5607 HIATUS RD. STE. 400

TAMARAC, FL 33321

553 WILLOW AVE. STE. 201 CEDARHURST, NY 11516

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:

INTERSTATE AGENT SERVICES, LLC

Name

1540 GLENWAY DRIVE

Florida street address (P.O. Box NOT acceptable)

TALLAHASSEE

Ft.

3230 I

City

State

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 vapacity. I finither agree to comply with the provisions of all standes 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 (REQURED)

(CONTINUED)

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Title:	Name and Address:
"AMBR" = Authorized Member	
'MGR" – Manager	
MGRM	YOSEF DAVIDSON
	558 SADDLE RIDGE RD.
	WOODMERE, NY 11598
	**************************************
V: Effective date, if other than the citive date is listed, the date must be	date of filing: (OPTIONAL) e specific and cannot be more than five business days prior to or 9
ctive date is listed, the date must bo [filing.)	e specific and cannot be more than five business days prior to or 9 not meet the applicable statutory filing requirements, this date will n
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EQUIRED SIGNATURE:	e specific and cannot be more than five business days prior to or soot meet the applicable statutory filing requirements, this date will nent of State's records.
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CV: Effective date, if other than the entire date is listed, the date must be filing.) the date inserted in this block does not is effective date on the Departm CVI: Other provisions, if any.  EQUIRED SIGNATURE:  Signature of a This document is extended to the any form.	interment or an authorized representative of a member, excuted in a document to the Department of States also information submitted in a document to the Department of States also efforms a provided for in s.817.155, F.S.

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