L18000030076

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

Office Use Only



300308448383

02/01/18--01015--029 **160.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

UBLI



D O'KEEFE FEB 0 5 2018

COVER LETTER

TO: New Filing Section Division of Corporations					
SUBJECT: EX LUXURY HOMES LLC Name of Limited Liability Company					
The enclosed Articles of Organization and fee(s) are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
Kimberly Anders - Luber Name of Person					
Firm/Company					
1520 Magnolia Ave.					
Winter Park FL 37789 City/State and Zip Code KImberly anders a amail com E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Kimberly Luber at 173, 642 642 Manne of Person Area Code Daytime Telephone Number					
Enclosed is a check for the following amount: \$125.00 Filing Fee \$\text{S130.00 Filing Fee & Certificate of Status}\$ Certificate of Status & Certified Copy (additional copy is enclosed) \$155.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)					

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

EK Luxury Homes LLC

(Must contain 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:

184

Mailing Address:

#154 Winter Park Fr 3075-9

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;

Name

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

City Stat

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)

(CONTINUED)

8 FEB -1 PM 12: 49
ECRETARY OF STATE
TORIDA



A	RI	П	П	LF.	IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
AMBR	Eli Luber Doc Magnola Ave.
1.400	Winter Park, Fr 33789
AMBK_	Kimberly Anders - Luber 1520 Magnolla Arr. Winter Park, FL 32789
(Use attachment if necessary)	
f an effective date is listed, the date must be spe e date of filing.)	of filing:
RTICLE V1: Other provisions, if any.	
REQUIRED SIGNATURE:	() (b) 2 -
This document is execute I am aware that any false	index or an authorized representative of a member. ed in accordance with section 605.0203 (1) (b), Florida Statutes, information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

8 FEB - | PH12: 49 ECRETANT OF STATE LLIAHASSEE FLORID

FILED

