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Brumpley

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

XXX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Robinson - EXT.

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Phone: 850-558-1500

ACCOUNT NO. : I2000000195
REFERENCE : 027914 7227993
AUTHORIZATION: Spelle Renan
COST LIMIT : \$\frac{1}{125}
ORDER DATE : October 29, 2019
ORDER TIME : 1:22 PM
ORDER NO. : 027914-005
CUSTOMER NO: 7227993
DOMESTIC FILING
NAME: GOOD LUCK INVESTMENTS 3, LLC
EFFECTIVE DATE:
ARTICLES OF INCORPORATION
CERTIFICATE OF LIMITED PARTNERSHIP XX ARTICLES OF ORGANIZATION
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
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EXAMINER'S INITIALS:

COVER LETTER

	New Filing Section Division of Corporations		
SUBJEC	Good Luck Investments 3, LLC		
30200		Limited Liabili	ty Company
The enclo	sed Articles of Organization and fee(s) are submitted	for filing.
Please ret	urn all correspondence concerning this	matter to the fo	ollowing:
	David Kahan, Esq.		
		Name of	Person
	David Kahan, P.A.		
		Firm/Co	npany
	6420 Congress Ave., Suite 1800		
		Addre	SS
	Boca Raton, Florida 33487		
	jfal@me.com	City/State and	I Zip Code
	E-mail address: (to be u	sed for future a	unual report notification)
For further	information concerning this matter, ple	case call:	
	David Kahan	561 (672-8330
	Name of Person	· 	Daytime Telephone Number
Enclosed i	is a check for the following amount:		
\$125.00 F	Filing Fee \$130.00 Filing Fee & Certificate of Status	LJ _{Certifie}	Stiling Fee & S160.00 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 Fallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

(Must o	contain the words "Limited	Liability Company,	"L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and stre	et address of the principal of	office of the Limited	Liability Company is:	
<u>Prir</u>	ncipal Office Address:		Mailing Address:	
12700 SW 128th	Street		00 SW 128th Street	
Suite 101/102			101/102	
Miami, Florida 3	3189	<u>Miai</u>	mi, Florida 33189	
		Name ., Suite 1800		
	6420 Congress Ave.		· · · · · · · · · · · · · · · · · · ·	
	6420 Congress Ave. Florida street addres	ss (P.O. Box <u>NOT</u> a	cceptable)	
			33487	
	Florida street addres	ss (P.O. Box <u>NOT</u> a	•	

(CONTINUED)

689 0CT 29 PH 2: 04

<u>Title:</u> "AMBR" = Authorized Member "MGR" = Man ager	Name and Address:		
MGR	Jorgo Pernandez		
	12700 SW 128th Street, Suite 101/102		
	Miami, Florida 33189		
	*		
			
			
V: Effective date. If other than the date of filin	re:(OPTIONAL)		
ouve entry is unless, the date must be specific (filling.) he date inserted in this block does not meet th anti's effective date on the Department of Sta	and cannot be more than five business days prior to or 90 to annicable statetone filing reminements, this Acts will we		
V: Effective date, if other than the date of filing three date is listed, the date must be specific if filing.) he date inserted in this block does not meet the set of states a continue of States and the Department of States and Control of States and St	and cannot be more than five business days prior to or 90 to annicable statetone filing reminements, this Acts will we		
EV: Effective date, if other than the date of fife clive date is listed, the date must be specific if fulleg.) If the date inserted in this block does not meet the series effective date on the Department of State VI: Other provisions, if any. LECTIFIED SIGNATURE:	and cannot be more than five business days prior to ur 90 to applicable statutory filing requirements, this date will no te's records.		
V: Effective date, if other than the date of filing date date is listed, the date must be specific iffling.) be date inserted in this block does not meet the cra's effective date on the Department of State VI: Other provisions, if any. ECHINED SIGNATURE: Signature of a member This document is executed in I am aware that any false informations of the content of the content is executed in I am aware that any false informations.	and cannot be more than five business days prior to or 90 to annicable statetone filing reminements, this Acts will we		
V: Effective date, if other than the date of filing date date is listed, the date must be specific iffling.) be date inserted in this block does not meet the cra's effective date on the Department of State VI: Other provisions, if any. ECHINED SIGNATURE: Signature of a member This document is executed in I am aware that any false informations of the content of the content is executed in I am aware that any false informations.	or an authorized representative of a member. accordance with section 505.0203 (1) (b), Plorida Statutes.		

Frence | \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent | \$30.00 Certified Copy (Optional) | \$5.00 Certificate of Status (Optional)