

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : D. FINEST LIMO, INC.
Account Number : 107757002402
Phone : (305)725-4755
Fax Number : (305)328-9103

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

Email Address: msdeendcdc@gmail.com

**FLORIDA LIMITED LIABILITY CO.
A LUXURY CONNECTION. LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

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DIVISION OF CORPORATIONS
FLORIDA DEPARTMENT OF STATE

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**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

A LUXURY CONNECTIONS, LLC.

ARTICLE II - Address:

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

**1395 BRICKELL, SUITE 800
MIAMI, FLORIDA 33131**

ARTICLE III - Purpose:

The purpose for which this Limited Liability Company is organized is:

ANY AND ALL LAWFUL BUSINESS

ARTICLE IV -

Registered Agent, Registered Office, & Registered Agent's Signature:

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

**TRENTON WEAVER
1395 BRICKELL, SUITE 800
MIAMI, FLORIDA 33131**

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

ARTICLE V-


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

**TRENTON WEAVER
1395 BRICKELL, SUITE 800
MIAMI, FLORIDA 33131**

ARTICLE V: Effective date, if other than the date of filing: December 11, 2019



Signature of a member or an authorized representative of a member.
This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.



Typed or printed name of signee

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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