P.001/003

2/26/2021

Division of Corporations

Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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.

(((H21000079577 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : THE PERMENTER LAW FIRM, P.A.

Account Number : I20200000193 Phone

: (352)622-1811

Fax Number

: (352)622-1866

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

Email Address:_

tommy@permenterlaw.com

FLORIDA LIMITED LIABILITY CO. LUK-AME GROUP, LLC

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



H21000079577 3

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

LUK-AME GROUP, 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: Mailing Address:

1957 Williamson Creek Road Pisga Forest, NC 28768 1 Old Hendersonville Highway #177

Pisga Forest, NC 28768

ARTICLE III – Registered Agent, Registered Office, & Registered Agent's Signature: The name and the Florida street address of the registered agent are:

TOMMY D. PERMENTER, JR. 2201 S.E. 30th Avenue, Suite 202 Ocala, Florida 34471

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 statues 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)

H21000079577 3

	·
ARTICLE IV — The name and address of each person a Company:	authorized to manage and control the Limited Liability
Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MGR .	EFREN M. VASQUEZ 1 Old Hendersonville Highway #177 Pisga Forest, NC 28768
MGR	AIMEE R. VASQUEZ 1 Old Hendersonville Highway #177 Plsga Forest, NC 28768
ARTICLE V: Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements this date will not be listed as the document's effective date on the Department of State's records	
ARTICLE VI: Other provisions, if any.	
holding a majority of the voting interests	amended from time to time by consent of the members of the Limited Liability Company, or otherwise in the Limited Liability Company's Operating Agreement lorids.
REQUIRED SIGNATURE:	Jumi!
This document is executed in a Statutes. I am aware that any fa	coordance with section 605.0203(1)(b), Florida alse information submitted in a document to the third-degree felony as provided for in s.817.155,

EFREN M. VASQUEZ

Typed or printed name of signee