



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.

(((H21000327350 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 Co	rorations	3		
	Fax Number	: (850)617-6381	ر `` ر	2021	
From:				I SE	يوند. م
	Account Name	: LAZARUS CORPORATE FILING SERVICE, INC.	31	5	Ű
	Account Number	: 120000000019	2.1	1	
	Phone	: (305)552-5973	S.		<del>ر در</del> ا
	Fax Number	: (305)675-5944		РМ	
		·		2	3 4 3
		· · · · · · · · · · · · · · · · · · ·		$\dot{\Sigma}$	$\Box$
**Ente	er the email addr	ess for this business entity to be used for	or turure	 ω	_
i	annual report ma	ilings. Enter only one email address pleas	e.**	ភ	

Email Address:\_\_\_\_

.

### FLORIDA LIMITED LIABILITY CO. MIH LUXURY LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

Electronic Filing Menu C

Corporate Filing Menu

<u> 707: C...</u>

;

Pii 4: 43

•

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

### ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability 202 SEP - 13 1 STF VP, -18 ET 357 I ייבזי .: 7 33 130 inm Ūľ. R 101 Cr. 1:00 င္မ

# ARTICLE III - Registered Agent, Registered Office:

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

Snl tmont tnc. FU  $\mathcal{O}$ inm

## ARTICLE IV

The name and title of each person authorized to manage and control the Limited Liability Company: (MGR or AMBR)

164 inkuro PN roll

Required Signatures:

Signature of a member or an authorized representative of a member. In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.

Kinkyro Brodan Typed or printed name of signee

Having been named as registered agent and to accept service of process for the above stated limited hability 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 ny 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)