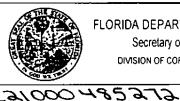
* PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

LIMITED LIABILITY **COMPANY** REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT#

Limited Liability Company's Name LUMA VENTURE 1 LLC

felony as provided for in s. 817,155, F.S.

Signature of authorized representative/member

FILED

2024 MAR 23 PM 4: 35

SECRETARY OF STATE

305-632-7113

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address		CR2E041 (1/14)			
21600 SW 152 Avenue		21600 SW 152 Avenue		State/Country of Formation Florida / USA			
Suite Apt #, etc		Suite, Apt #, etc					
				 Date Organiz To Do Busine 	ed or Qualified	ber 10, 2021	
City & State		City & State		6. FEI Number Applied For			
Miami, FL		Miami, FL			87-3573608 Not Applicable		
Zip	Country	Zip	Country	¬ֈ		Additional Fee required ertificate of status	
33170	USA	33170	USA	CERTIFICATE OF S	STATUS DESIRED 55.00 A	rtificate of status	
	8. Name and Addre	ss of Current Registere	ed Agent				
Name Luis Costelle				_			
Luis Castellanos Sirect Address (P.O. Box Number is Not Acceptable) Suite,				_	_		
21600 SW 1	·	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			3004035656 1.25 + 2.55 + 11		
Apt #, Etc	-			.	7 72 7	# #	
City		<u> </u>	State Zip Code				
Miami FL 33170							
9 I, being app Signature of Registered Agen	pointed the pagratered agent of the a	REGISTERED AGENT AND	lauge	d accept the obligations	of Chapter 605, F.S Date 2/15/2024		
10 Names and	Street Addresses of Authorized Rep	resentatives/Managers					
Titles	Name of Authonzed Representatives/ Managers		Street Address of Each Authorized Representative/ Manager		City / State / Zip		
MGR	Luis Castellanos		21600 SW 152 Avenue		Miami, FL 33170		
MGR	Mario Gomez		17040 SW 281 St		Miami, FL 33030		
AMBR	Giselle Castellanos		17040 SW 281 St		Miami, Fl 33030		
AMBR	AMBR Gisela Castellanos		21600 SW 152 Avenue		Miami, Fl 33170		
					APR 172	024	
11 E-mail Addr	ess castellanosluis@ao	.com	 -		D CUSH	IIMO	

(To be used for future annual report notifications)

2/15/2024

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, F.S. I further certify that when filling this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirement of section 605 0012, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that falso information submitted in a document to the Department of State constitutes a third degree

Luis Castellanos