

2/9/2022 10:10 PM

Division of Corporations

**L2200050616**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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H220000532443ABCW

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To:

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

From:

Account Name : ALEJANDRO E. JORDAN, JD, P.A.  
Account Number : 120210000179  
Phone : (305)501-2836  
Fax Number : (305)723-0303

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

Email Address: <lenkaram@icloud.com>

**FLORIDA LIMITED LIABILITY CO.  
LUNA NORTH, LLC**

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## COVER LETTER

**TO: New Filing Section  
Division of Corporations**

**SUBJECT: LUNA NORTH, LLC**

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ALEJANDRO E. JORDAN, ESQ.

\_\_\_\_\_  
Name of Person

ESQ.TITLE

\_\_\_\_\_  
Firm/Company

121 ALHAMBRA PLAZA SUITE 1500

\_\_\_\_\_  
Address

CORAL GABLES, FLORIDA 33134

\_\_\_\_\_  
City/State and Zip Code

AJORDAN@ESQTITLE.LAW

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ALEJANDRO JORDAN

305

606-3855

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☒ \$130.00 Filing Fee &  
Certificate of Status

☐ \$155.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$160.00 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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

2022 FEB -9 AM 6:40  
FILED  
TALLAHASSEE, FL  
CLERK OF CIRCUIT COURT

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I - Name:**

The name of the Limited Liability Company is:

LUNA NORTH, 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:**660 S. FEDERAL HWYSUITE 103POMPANO BEACH, FL 33062**Mailing Address:**660 S. FEDERAL HWYSUITE 103POMPANO BEACH, FL 33062**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

(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.)

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

TOLGA ADAK

Name

3625 PARK CENTRAL BLVD.Florida street address (P.O. Box **NOT** acceptable)POMPANO BEACHFL33064

City

State

Zip

*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.*

DocuSigned by:

Tolga Adak

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Registered Agent's Signature (REQUIRED)

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**ARTICLE IV-**

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

**Title:****Name and Address:**

"AMBR" = Authorized Member

"MGR" = Manager

Member

113 S RIVERSIDE LLC  
 660 S. FEDERAL HIGHWAY, SUITE 103  
 POMPAÑO BEACH, FL 33062

Member

ROYAL QUALITY HOMES OF FLORIDA LLC  
 3625 PARK CENTRAL BLVD. N.  
 POMPAÑO BEACH, FL 33064

MGR

LEONARD KARAM  
 660 S. FEDERAL HWY, SUITE 103  
 POMPAÑO BEACH, FL 33062

MGR

TOLGA ADAK  
 3625 PARK CENTRAL BLVD.  
 POMPAÑO BEACH, FL 33064

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: February 7, 2022. (OPTIONAL)

(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.**REQUIRED SIGNATURE:**

DocuSigned by:

Alejandro E. Jordan ESQ. | ESQ.title

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**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.

Alejandro E. Jordan ESQ. | ESQ.title

Typed or printed name of signee

**Filing Fees:**

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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FEB -9