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Division of Corporations

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Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

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# FLORIDA LIMITED LIABILITY CO. LUXE KEY, LLC

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

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

Luxe Key, 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:
2113 NW 135 th Ave	2113 NW 135 th Ave
Miami, FL 33182	Miami, FL 33182

## ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must clesignate an individual or another business entity with an active Florida Registration.)

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

Name

S&J Accounting Services Inc

Florida Street address (P.O. Box NOT acceptable)

7480 Bird Road Suite 410

Miami	FL	33155	
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 them formiliar with and accept the obligations of my position as registered agent as provide for in chapter 605, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

### 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

**AMBR** 

CRASQUI MIAMI, LLC

9001 SW 49TH ST

COOPER CITY, FL 33328

**AMBR** 

PASSIVE EMPIRE, LLC

7115 SW 147th CT

Miami, FL 33193

**AMBR** 

DCF GROUP LLC

5252 NW 85TH AVE APT 808

Doral, FL 33166

**AMBR** 

SS CAPITAL INVESTMENTS LLC

2113 NW 135TH AVE

Miami, FL 33182

(Use attachment if necessary)

ARTICLE VI: Other provisions, if any

**REQUIRED SIGNATURE:** 

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.