

L22000266272

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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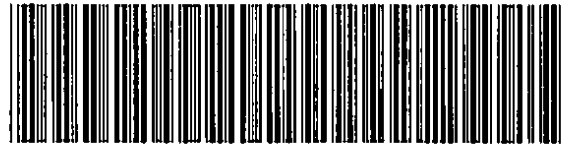
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/16/22--01053--003 **125.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. O'KEEFE

JUN 14 2022



BERLIN | PATTEN | EBLING

ATTORNEYS AT LAW

File Number: 21-26067-004

May 10, 2022

SENT VIA U.S. MAIL

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Application and Filing Fee for LUX INTERIOR DESIGN LLC

To whom it may concern,

Enclosed please find the Application and Filing Fee for the registration LUX INTERIOR DESIGN LLC. Should you have any questions or need any additional items, please do not hesitate to contact me at (941) 954-9991 or khuynh@berlinpatten.com.

Sincerely,

Kathryn A. Huynh, Esq.

COVER LETTER

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

SUBJECT: LUX INTERIOR DESIGN 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:

KATHRYN A. HUYNH, ESQ.

Name of Person

BERLIN PATTEN EBLING, PLLC

Firm/Company

324 S HYDE PARK AVENUE, SUITE 325

Address

TAMPA, FL 33606

City/State and Zip Code

ISABELLE@LUXDESIGN.CA

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

For further information concerning this matter, please call:

ISABEL BOBA

941

744-0649

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

LUX INTERIOR DESIGN 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:

731 N LIME AVENUE
SARASOTA, FL 34237

731 N LIME AVENUE
SARASOTA, FL 34237

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:

ISABEL BOBA


Name

731 N LIME AVENUE

Florida street address (P.O. Box **NOT** acceptable)

<u>SARASOTA</u>	<u>FL</u>	<u>34237</u>
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.


Registered Agent's Signature (REQUIRED)

(CONTINUED)

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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

MGR

ISABEL BOBA
731 N LIME AVENUE
SARASOTA, FL 34237

AMBR

LUX DESIGN INC
628 WELLINGTON STREET W
TORONTO, ON M5V1G4, CANADA

AMBR

LUX INVESTMENT GROUP INC
628 WELLINGTON STREET W
TORONTO, ON M5V1G4, CANADA

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (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:

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.

ISABEL BOBA

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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TALLAHASSEE, FLORIDA

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