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Certified Copies	Certificates	of Status
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Special Instructions to	Filing Officer:	
		

Office Use Only



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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

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July 14, 2022

CAPITAL CONNECTION, INC.

SUBJECT: LUMA PROPERTIES TACO BELL LLC

Ref. Number: W22000092656

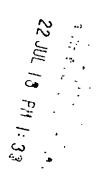
We have received your document for and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Florida law requires the principal office address to be a street address.

If you have any further questions concerning your document, please call (850) 245-6052.

Summer Chatham Regulatory Specialist II New Filing Section

Letter Number: 622A00015775



May JULIS PH 2

AKTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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The name of the Limited Liability Company is:

LUMA PROPERTIES TACO BELL 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:

14,17 SE(9 Avenue 1	
Ft. Lauderdale, FL	
333,15	

1417 SE 9 Avenue Ft. Lauderdale, Ft. 33315

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:

GINA TUCHMAN

Name

14/17/SE,9 Avenue

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

Ft. Lauderdale FL

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)

22 JUL 18 PH 1: 33

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	VIVIAN TUCHMAN	
	PO BOX 800036 Miami. FL. 33280	
MGR	GINA TUCHMAN	
MUK	1417 SE 9th Avenue	
	Ft. Lauderdale, FL 33315	
<u>MGŘ</u>	DIANY KLEIN	
	2768 Lakeridge Lane Westlake Village, CA 91361	
	Westiake Village, CA 91361	
	•	
		
(Use attachment if necessary)		
ARTICLE V: Effective date, if other than the	a duta of Clinus	CONTIONAL
(If an effective date is listed, the date must	he specific and connet be more than five	husiness days prior to or 90 days often
the date of filing.)	be specific and cannot be more than five	nusiness days pitor to dr 30 days after
Note: If the date inserted in this block does	not meet the applicable statutory filing re-	quirements, this date will not be listed as
the document's effective date on the Depart	ment of State's records.	
ARTICLE VI: Other provisions, if any.		
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REQUIRED SIGNATURE:	3	
Signature of	a member or an authorized representat	live of a member.
This document is o	executed in accordance with section 605.02	203 (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.

Gina Tuchman

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)