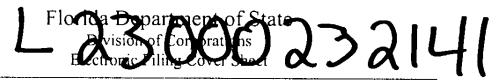
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Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

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Fax Number

: (850)617-6381

From:

Account Name : USACORP INC. Account Number : I20130000019 Phone : (718)362-4789

rnone Fax Number

(718)408-2550

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

Email Address: LuxorSea@gmail.com

FLORIDA LIMITED LIABILITY CO.

LuxorSea LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

2023 MAY IO PM 4: 0 Secretary of Stat

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05/10/2023 09:54 From:17184082550 To:18506176381 Date Time 05/10/23 09:54AM Pages: 3 P: 2/3
(((H230001742123))))

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

LuxorSca 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:
18555 Collins Avc, Apt. 2901	18555 Collins Ave. Apt. 2901
Sunny Isles Beach, FL 33160	Sunny Isles Beach, FL 33160

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

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:

Christina Waknine	Name	
18555 Collins Ave, Ap	ot. 2901	
Florida street address	(P.O. Box <u>NOT</u> ac	cceptable)
Sunny Isles Beach	FL	33160
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..

/s/ Christina Waknine	
Registered Agent's Signature (REQUIRED)	-

(CONTINUED)

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2023 HAY 10 PH 4: 06
SECRETARY OF STATE

05/10/2023 09:54 From:17184082550 To:18506176381 Date Time 05/10/23 09:54AM Pages: 3 P: 3/3 (((H2300)1742123)))

	= Authorized Member	Name and Address:
"MGR" = ! AMBR	Manager 	Christina Waknine
		18555 Collins Ave. Apt. 2901
		Sunny Isles Beach, FL 33160

-		
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