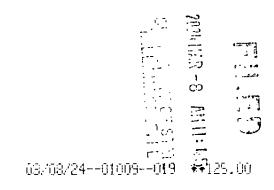
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COVER LETTER

	New Filing Sec Division of Co						
SUBJEC	LUKINE I	LLC					
2 - 7 - 7		Name	of Limit	ted Liabili	y Company		
The encl	osed Articles of	Organization and fe	e(s) are s	submitted	for filing.		
Please re	turn all correspo	ondence concerning	this matt	er to the fo	ollowing:		
	Molly Arnts	on, Esq.					
				Name of	Person		
	Ainsworth &	& Clancy, PLLC					
		 -		Firm/Cor	npany		
	801 Brickel	l Ave., 8th Floor					
				Addre	ess		
	Miami, FL	33131					
	i-f-Obusine		Cit	y/State and	l Zip Code		
	info@busine		e used fo	or future a	nnual report notification	on)	
For further		oncerning this matter			·		
	Molly Arnts	on, Esq.	305 _at (,	600-3816		
	Nan	ne of Person	Are	a Code	Daytime Telephone	Number	
Enclosed	is a check for t	the following amoun	t:			~33	2
	00 Filing Fee	-	Fee &	Certific	5.00 Filing Fee & ed Copy al copy is enclosed)	□\$160.00 Filing. Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	New I Divisi P.O. I	ng Address Filing Section on of Corporations Box 6327 nassee, FL 32314			Street Address New Filing Section Dir The Centre of Tallaha 2415 N. Monroe Stree Tallahassee, FL 32303	ssee	3

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Lukine LLC				
(Must o	contain the words "Limite	d Liability Company,	. "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and stre	et address of the principa	l office of the Limited	l Liability Company is:	
<u>Prin</u>	cipal Office Address:		Mailing Addr	ess:
1200 Brickell Av Miami, FL 33131			0 Brickell Ave., Suite 800 ami, FL 33131	<u> </u>
The name and the Florida str	eet address of the register	_		
		Name		
	1200 Brickell Ave	., Suite 800		
	Florida street addr	ess (P.O. Box <u>NOT</u> a	icceptable)	
	Miami	FL_	33131	
	City	State	Zip	
			a above stated limited light	
Having been named as register place designated in this certific further agree to comply with th am familiar with and accept the	cate, I hereby accept the ap e provisions of all statutes	ppointment as register s relating to the proper on as registered agent	red agent and agree to act : r and complete performand as provided for in Chapter	ce of my duties, and I
place designated in this certific further agree to comply with th	rate, I hereby accept the ap e provisions of all statutes e obligations of my position	ppointment as register relating to the proper	red agent and agree to act in and complete performance as provided for in Chapter	ce of my duties, and I 605, F.S.
place designated in this certific further agree to comply with th	rate, I hereby accept the ap e provisions of all statutes e obligations of my position	ppointment as register s relating to the propet on as registered agent Forge A Bl	red agent and agree to act in and complete performance as provided for in Chapter	ce of my duties, and I

ARTICLE IV-

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

Title: "AMBR" = Authorized Meml	Name and Address:	
"MGR" = Manager		
MGR	Jose Guillermo Ovalle Mendivil	_
	1200 Brickell Ave., Suite 800 Miami, FL 33131	_
		-
		_ _
		_
		_
		_
		_
		_
		_
(Use attachment if necessary)		
CLE V: Effective date, if other the effective date is listed, the date it of filing.)	han the date of filing:	
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\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)