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COVER LETTER

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

SUBJECT: LUZA PROPERTIES 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:

ANDREW J. POWER, ESQ.
Name of Person

SMITH THOMPSON SHAW
Firm/Company

3520 THOMASVILLE ROAD, 4TH FL
Address

TALLAHASSEE, FL 32309
City/State and Zip Code

kayeh@stslaw.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KAYE HYDE at (850) 893-4105
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

OF

LUZA PROPERTIES LLC

****

The undersigned, pursuant to the provisions of Chapter 605 of the Florida Statutes (the "Florida Revised Limited Liability Company Act"), for the purpose of forming a Limited Liability Company under the laws of the State of Florida do set forth the following:

1. **NAME**.

The name of the Limited Liability Company is **LUZA PROPERTIES LLC** (hereinafter referred to as the "Company").

2. **PERIOD OF DURATION**.

The period of duration of the Company shall be perpetual, unless it is dissolved as provided in the Florida Limited Liability Act or the written Operating Agreement to be executed by all of the Members of the Company.

3. **PURPOSE**.

To engage in any and all other businesses and activities permitted by the laws of the State of Florida. The Company shall have all of the powers vested in a limited liability company organized and existing by virtue of such laws.

4. **MAILING ADDRESS OF BUSINESS**.

The mailing address of the business in Florida for the Company is **2517 Mount Vernon Lane, Tallahassee, FL 32311**. Such address may be changed from time to time as provided in the Operating Agreement.

5. **ADDRESS OF PLACE OF BUSINESS**.

The address of the place of business is **2517 Mount Vernon Lane, Tallahassee, FL 32311**. Such address may be changed from time to time as provided in the Operating Agreement.

6. **REGISTERED AGENT.**

The initial registered agent in Florida for the Company is: **ANTONI R. KAFROUNI GERGES, 2517 Mount Vernon Lane, Tallahassee, FL 32311.**

7. **MANAGEMENT.**

The name and address of the persons authorized to manage and control the Limited Liability Company is as follows:

ANTONI R. KAFROUNI GERGES
2517 MOUNT VERNON LANE
TALLAHASSEE, FL 32311

ZEYNA A. KAFROUNI
2517 MOUNT VERNON LANE
TALLAHASSEE, FL 32311

EXECUTED at Tallahassee, Leon County, Florida this 23 day of April, 2024.

ANTONI R. KAFROUNI GERGES

ZEYNA A. KAFROUNI

CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN THIS STATE, NAMING AGENT WITH WHOM PROCESS MAY BE SERVED.

Pursuant to the provisions of Section 605 Florida Statutes, the undersigned Limited Liability Company, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the limited liability company is **LUZA PROPERTIES LLC.**

2. The name of the registered agent and office address is: **ANTONI R. KAFROUNI GERGES, 2517 Mount Vernon Lane, Tallahassee, FL 32311.**

ACKNOWLEDGEMENT

Having been named to accept service of process for the above limited liability company, at the place designated in this certificate, I hereby accept to act in this capacity and agree to comply with the provision of said Act relative to being available at said location.

Dated April 23, 2024.

ANTONI R. KAFROUNI GERGES