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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : SALOMON B. ESQUENAZI, P.A.

Account Number : I20130000020 : (954)989-4995 Fax Number : (954)989-4991

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

...corporate@esquenazi-law.com

# FLORIDA LIMITED LIABILITY CO. LUELS O LLC

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To:

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# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I. Name

The name of the Limited Liability Company is:

# LUELSO LLC

#### ARTICLE II. - Address

The mailing address and street address of the principal office of the Limited Liability Company is:

1930 Harrison Street, Suite 304, Hollywood, FL 33020

# ARTICLE III. - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

## Corporate Solutions of South Florida. Inc.

4651 Sheridan Street, Suite 355 Hollywood, FL 33021

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, we hereby accept the appointment as registered agent and agree to act in this capacity. We further agree to comply with the provisions of all statutes relating to the proper and complete performance of our duties, and we are familiar with and accept the obligations of our position as registered agent as provided for in Chapter 605. Florida Statutes.

SECRETARY OF STATE IVISIONS AND HILLS

CORPOR

Audit No: H24000216132 3 This instrument was prepared by: Salomon B. Esquenazi, P.A. 4654 Sheridan Street, Suite 355 Hollywood, FL 33024 (954) 989-4995 REGISTERED AGENT:

CORPORATE SOLUTIONS OF SOUTH FLORIDA, INC.

Şalojnon B. Squenazi, President

From: MARIA

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# ARTICLE IV. - Management:

The Limited Liability Company is to be managed by one or more managers and is. therefore, a manager-managed company. The name and address of the manager who is to serve as initial manager is:

Marco Antonio Escobar

Residencial Las Piletas 3 Casa 31, Santa Tecla

La Nibertad, ENSalvador

Signature of a member or authorized representative of a member.

In accordance with section 605 (1965 (1) to). Florida Statutes.

I am aware that any false information submitter in a document to the Department of State constitutes a third degree felony as provided for in \$317.155, F.S.

4864-3843-1434, v. 1

Audit No.: H24000216132 3 This instrument was prepared by: Salomón B. Esquenazi, Esq. 4651 Sheridan Street, Suite 355 Hollywood, FL 33021 (954) 989-4995