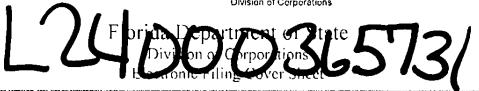
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Division of Corporations



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.

(((1124000281507:3)))



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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : DOSSANTOS AND MACHADO, LLC

Account Number : I20140000089 Phone : (754)301-2128

Fax Number : (954)252-4650

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

INFO@GFSTAXACCT.COM Email Address:

FLORIDA LIMITED LIABILITY CO. LUCAYA US 6-108 ELC

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(((H24000281507 3)))

COVER LETTER

TO:	New Filing Sec Division of Co				
SUBJEC		US 6-108 LLC			
SOINER		Name of Li	mited Liability Company		
The encl	osed Articles of	Organization and fee(s) as	re submitted for filing.		
Please re	turn all corresp	ondence concerning this m	atter to the following:		
	GILVAM F	DOS SANTOS		,	
			Name of Person		
	GFS TAX &	ACCOUNTING SERVE	CES		
			Firm/Company		
	11764 W SA	AMPLE RD STE 102			
			Address		
	CORAL SPI	RINGS, FL 33065			
	INFO@GFS1	(AXACCT.COM	City/State and Zip Code		
			for future annual report notificat	ion)	
For further	r information co	ncerning this matter, pleas	e call:		
	GILVAM F	DOS SANTOS 9	957 3244		
	Nam		Lrea Code Daytime Telephor	ne Number	
Enclosed	is a check for t	he following amount:			
□\$125. 6	00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	☐\$160.00 Filing Fcc, Certificate of Status & Certified Copy (additional copy is enclosed)	
		ng Address Iling Section	Street Address New Filing Section D	ivision	:

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

(((H24000281507 3)))

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
LUCAYA US 6-108 LLC (Must contain the words "Limited Liability Contain the words" Limited Liability Contains the words "Limited Liability Contains the words" Limited Liability Contains the words "Limited Liability Contains the words" Limited Liability Contains the words "Limited Liability Contains the words" Limited Liability Contains the words "Limited Liability Contains the words" Limited Liability Contains the words "Limited Liability Contains the words" Limited Liability Contains the words "Limited Liability Contains the words" Limited Liability Contains the words "Limited Liability Contains the words" Limited Liability Contains the words "Limited Liability Contains the words" Limited Liability Contains the words "Limited Liability Contains the words" Limited Liability Contains the words "Limited Liability Contains the words" Limited Liability Contains the words "Limited Liability Contains the words" Limited Liability Contains the words "Limited Liability Contains the words" Limited Liability Contains the words "Limited Liability Contains the words" Limited Liability Contains the words "Limited Liability Contains the words" Limited Liability Contains the words "Linited Liability Contains the words" Linited Liability Contains the words "Linited Liability Contains the words" Linited Liability Contains the words "Linited Liability Contains the words" Linited Liability Contains the words "Linited Liability Contains the words" Linited Liability Contains the words "Linited Liability Contains the words "Linited Liability Contains the words" Linited Liability Contains the words "Linited Liability Contains the words" Linited Liability Contains the words "Liability Contains the words" Liability Contains the words and the words the words and the words and the words and the words and	Company, "L.L.C.," or "LLC.")
ARTICLE 11 - Address: The mailing address and street address of the principal office of the	
Principal Office Address:	Mailing Address:
2954 LUCAYAN HARBOUR CIR #108	11764 W SAMPLE RD-STE 102
KISSIMMEE, FL 34746	CORAL SPRINGS, FL 33065
ARTICLE III - Registered Agent, Registered Office, & Regist (The Limited Liability Company cannot serve as its own Registere another business entity with an active Florida registration.)	
The name and the Florida street address of the registered agent are	c :
GFS TAX & ACCOUNTING Name	SERVICES

Name

11764 W SAMPLE RD STE 102

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

CORAL SPRINGS FL 33065

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)

(((H24000281507 3)))

Title:	Name and Address:
"AMBR" = Authorized Member	* A
"MGR" = Manager	·
AMBR	RICARDO CYRENO SABINO DE FREITAS
	2954 LUCAYAN HARBOUR CIR #108 KISSIMMEE, FL, 34746
•	KISSIMMEE, PL 34/46
	•
AMBR	ALAN GRANGE 2954 LUCAYAN HARBOUR CIR #108
•	KISSIMMEE, FL 34746
	183011,193011,10
	· · · · · · · · · · · · · · · · · · ·
(Use attachment if necessary)	data of filing: (OPTIONAL)
LE V: Effective date, if other than the fective date is listed, the date must be of filling.)	date of filing: (OPTIONAL) be specific and cannot be more than five business days prior to or 90 not meet the applicable statutory filing requirements, this date will not ment of State's records.
LE V: Effective date, if other than the flective date is listed, the date must be of filling.) If the date inserted in this block does ument's effective date on the Department of the Departmen	not meet the applicable statutory filing requirements, this date will not ment of State's records.
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LE V: Effective date, if other than the fective date is listed, the date must be of filling.) If the date inserted in this block does a timent's effective date on the Department's effective date on the Department's EVI: Other provisions, if any. STATE INVESTMENT REGITARED SIGNATURE: Signature of This document is exit am aware that any	not meet the applicable statutory filing requirements, this date will not ment of State's records. **Tricials Truits** a member or an authorized representative of a member. Executed in accordance with section 605.0203 (1) (b), Florida Statutes. False information submitted in a document to the Department of State.
LE V: Effective date, if other than the fective date is listed, the date must be of filling.) If the date inserted in this block does a timent's effective date on the Department's effective date on the Department's EVI: Other provisions, if any. STATE INVESTMENT REGITARED SIGNATURE: Signature of This document is exit am aware that any	not meet the applicable statutory filing requirements, this date will not ment of State's records. **Tricials Truits** a member or an authorized representative of a member. xecuted in accordance with section 605.0203 (1) (b), Florida Statutes.
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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)