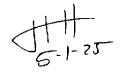
# Florida Department of State



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.

(((H250001581873)))



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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : CAPITOL SERVICES, INC.

Account Number : I20160000017 : (855)498-55<del>00</del> Fax Number : (800)432-3622

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

Email Address:

### FLORIDA LIMITED LIABILITY CO.

# My Luxury Solutions LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

### **COVER LETTER**

H25000158187 3

		C	YER LEII	LK		
TO:	New Filing Sec Division of Co		•			
SUBJE	My Luxury	Solutions LLC				
20141	CI	Name of Li	mited Liabili	ty Company		
The enc	los <b>ed</b> Articles of	Organization and fee(s) a	re submitted	for filing.		
Please re	eturn all correspo	ondence concerning this m	natter to the f	ollowing:		
	Paul Zelnick					
			Name of	Person		<del></del>
	Caldera Law	,				
			Firm/Co	mpany	<u>.</u>	<del></del>
	7293 NW 2n	d Ave				
	<del> </del>		Addre	288		<del></del>
	Miami, FL 3	3150				
	metthieu@me	isonmura.wine	City/State and	l Zip Code		
		E-mail address: (to be used	d for future a	nnual report notification	on)	<del></del>
For furthe	r information co	ncerning this matter, pleas	se call:	-		
	Paul Zelnick	7 at (	86	321-3811		
	Nam		Area Code	Daytime Telephone	Number	
Enclosed	i is a check for ti	he following amount:				
□\$125.	00 Filing Fee	☐\$130.00 Filing Fee & Certificate of Status	Certific	.00 Filing Fee & d Copy l copy is enclosed)	□\$160.00 Fi Certificate o Certified Cop (additional cop	fStatus & oy y is enclosed)
	New Fi Divisio P.O. B	g Address iling Section on of Corporations ox 6327 assee, FL 32314	i -	Street Address New Filing Section Div The Centre of Tallahas 2415 N. Monroe Street Tallahassee, FL 32303	isee t, Suite 810	APR 30 PM 3: 57

## ARTICLES OF ORGANIZATION FOR FLORIDALIMITED LIABILITY COMPANY

H25000158187 3

AR'	TICL	E 1 -	Name:
-----	------	-------	-------

The name of the Limited Liability Company is:

My Luxury Solutions LLC

(Must contain the words "Limited Liability Company, "L.L.C.," or "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:
340 SE 3rd Street	340 SE 3rd Street
Apt 3510	Apt 3510
Miami, FL 33131	Miami, FL 33131

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:

Matthicu Yamoum		
_	Name	
340 SE 3rd Street, A	pt 3510	
Florida street addres	ss (P.O. Box NOT a	cceptable)
Miami	<u>FL</u>	33131
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..

Matthieu Yamoum

Registered Agent's Signature (REQUIRED)

(CONTINUED)

H250001581873

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MGR	Matthieu Yamoum 340 SE 3rd Street, Apt 3510 Miami, FL 33131
ctive date is listed, the date must b f filing.)	date of filing:  (OPTIONAL)  be specific and cannot be more than five business days prior to or 90 days  not meet the applicable statutory filing requirements, this date will not be
EV: Effective date, if other than the ctive date is listed, the date must be filling.)	not meet the applicable statutory filing requirements, this date will not be ment of State's records.
EV: Effective date, if other than the crive date is listed, the date must be filling.) the date inserted in this block does nent's effective date on the Department's Other provisions, if any.	not meet the applicable statutory filing requirements, this date will not be ment of State's records.
E V: Effective date, if other than the crive date is listed, the date must be filling.) the date inserted in this block does nent's effective date on the Departre.  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of This document is end a may aware that any	not meet the applicable statutory filing requirements, this date will not be ment of State's records.  Document of State's records.  Document of State's records.  Malfuitu Lambum  BB120656984344E  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 of the Department of State  States of State
E V: Effective date, if other than the crive date is listed, the date must be filing.) the date inserted in this block does nent's effective date on the Departre.  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of This document is end I am aware that any	not meet the applicable statutory filing requirements, this date will not be ment of State's records.  Docustigned by:  Matthiau Cambum  BB120655984344E  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 egree felony as provided for in s.817.155, F.S.