MITOOOC	05582
(Requestor's Name) (Address) (Address)	400297550774
(City/State/Zip/Phone #)	
(Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	04/07/1701009012 **130.00
Office Use Only	J. HARRIE
	J. HAM

`, '	,	COV	VER LETTER					
TO:	Registration Section Division of Corporation	15						
SUBIE	Luxor Investments							
oonge		Name of I	Limited Liability Co	mpany				
					sact Business in Florida," Certifica company to transact business in Flo			
Please i	return all correspondence of	concerning this matter to the	following:					
	Uniel Molina							
	<u></u>	Na	ame of Person	<u> </u>	<u> </u>			
		Fi	rm/Company					
	1050 W 49TH	ST #28063						
			Address					
	Hialeah, Fl 330	02						
		City/State and Zip Code						
	yu882@aol.com							
		E-mail address: (to be used	l for future annual re	eport notif	fication)			
For fur	ther information concernin	g this matter, please call:						
	Uniel Molina		786	2696557	,			
	Name o	of Contact Person	_ at () Area Code	Dayt	ime Telephone Number			
MAILING ADDRESS: Division of Corporations Registration Section		I A	Division o Registratic	ADDRESS: f Corporations on Section				
	P.O. Box 6327 Tallahassee, FL 32314		2		ilding autive Center Circle e, FL 32301			
Enclose	ed is a check for the follow \$125.00 Filing Fee	ring amount: ■ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filing Certified Copy	Fee &	□ \$160.00 Filing Fee, Certificate of Status & Certified Copy			

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FLORIDA DEPARTMENT OF STATE Division of Corporations

June 12, 2017

UNIEL MOLINA 1050 W 49TH ST #28063 HIALEAH, FL 33002

SUBJECT: LUXOR INVESTMENTS LLC Ref. Number: W17000031043

We have received your document for LUXOR INVESTMENTS LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The alternate name that you have chosen is not available. Please select a new name.

The document number of the name conflict is L14000157987.

A business entity may not serve as its own manager or managing member. Please designate an individual or another business entity as your manager(s) or managing member(s).

The certificate of existence must be issued within the last 90 days by the Secretary of State which has custody of the records in the jurisdiction under the laws of which the above listed entity is incorporated/organized.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris Regulatory Specialist II μQ ¥6.

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JUN 26

RECEIVE

Letter Number: 417A00011840

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 - Tallahassee Florida 32314



FLORIDA DEPARTMENT OF STATE Division of Corporations

April 10, 2017

UNIEL MOLINA 1050 W 49TH ST #28063 HIALEAH, FL 33002

SUBJECT: LUXOR INVESTMENTS LLC Ref. Number: W17000031043

We have received your document for LUXOR INVESTMENTS LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable : "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.", also are no longer acceptable.

The document number of the name conflict is L01000017589.

Pursuant to s.605.0902(1)(e), Florida Statutes, the document must contain the name, title or capacity and address of at least one person who has the authority to manage the foreign limited liability company.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850),245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 817A00006889

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www.sunbiz.org

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

•	IN FLO	ORIDA	
	110N 6050902, FLORIDA STATUTES, THE FO ISINESS IN THE STATE OF FLORIDA:	LLOWING IS SUBMITTED TO REGISTER A	A FOREIGN LIMITED LIABI
Luxor Investments LLC			
1(Name of Fore	ign Limited Liability Company; must include	"Limited Liability Company," "L.L.C.," of	or "LLC.")
Luxor	Homes USA, LLC		
Liability Company," "L.L.C,"		-	ame must include "Limited
Wyoming 2	3	32-0521507	
(Jurisdiction under the law company is organized) 4/8/17	of which foreign limited liability	(FEI number, if applicabl	e)
51050 W 49TH ST #280	(Date first transacted business in Flor (See sections 605.0904 & 605.0905, F.S)63	S. to determine penalty liability)	_
HIALEAH, FL 33002			_
1050 W 49TH ST #280	(Street Address of Principal 63	Office)	
6			TAIS 2
HIALEAH, FL 33002			
	(Mailing Address)		JUN 26
7. Name and street addres	s of Florida registered agent: (P.O. Box	NOT acceptable)	SS 6
	Uniel Molina	· ·	FOR PR
Name:	1050 11/ 4011 -4 #00020		FLOI .
Office Address:	1050 W 49th st #28063		:22 DRUD
	HIALEAH	, Florida	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
	(City)	(Zip code)	
		racess for the above stated limited lia	hility company at the play
Having been named as re designated in this application to complywith the provision	gistered agent and to accept service of p tion, I hereby accept the appointment as ons of all statutes relative tp\the proper a	registered agent and agree to act in t and complete performance of my duti	his capacity. I further ag
Having been named as re designated in this applicat to complywith the provisio accept the obligations of r	gistered agent and to accept service of p tion, I hereby accept the appointment as ons of all statutes relative to the proper a ny position as registered agent	registered agent and agree to act in a and complete performance of my duti nt's signature)	his capacity. I further ag
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Having been named as re designated in this applicat to complywith the provision accept the obligations of r 8. The name, title or capa Member Manager	gistered agent and to accept service of p tion, I hereby accept the appointment as ons of all statutes relative to the proper a my position as registered agent Registered agent acity and address of the person(s) who has 2.960 - 842 - 1008744 50 - 9494 - 1208744 50 - 9494 - 1208744 50 - 9494 - 1208744 50 - 12087444 50 - 120874444 50 - 120874444 50 - 120874444 50 - 120874444 50 - 1208744444 50 - 12087444444444444444444444444444444444444	registered agent and agree to act in t and complete performance of my duti h's signature) s/have authority to manage is/are: h/ S / L / C / M / $Sduly authenticated by the official havin$	this capacity. I further ages, and I am familiar with

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Uniel Molina

Typed or printed name of signee

STATE OF WYOMING Office of the Secretary of State

I, ED MURRAY, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

Luxor Investments, LLC

is a Limited Liability Company

formed or qualified under the laws of Wyoming did on **November 16, 2016**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2016-000732819**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 21st day of June, 2017 at 10:38 AM. This certificate is assigned 023408628.



Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website http://wyobiz.wy.gov and following the instructions displayed under Validate Certificate.

STATE OF WYOMING * SECRETARY OF STATE ED MURRAY BUSINESS DIVISION

2020 Carey Avenue, Cheyenne, WY 82002-0020 Phone 307-777-7311 · Fax 307-777-5339 Website: http://soswy.state.wy.us · Email: business@wyo.gov

Filing Information

Please note that this form CANNOT be submitted in place of your Annual Report.

Name	Luxor Inv	vestment	s, LLC				
Filing ID	2016-00073	32819					
Туре	Limited Liability Company			Status		Active	
General Infor	rmation			· · · · · · · · · · · · · · ·			
Old Name Fictitious Name				Sta Sta	ib Status anding - Tax anding - RA anding - Other	Current Good Good	
Sub Type Formed in	Wyoming				ing Date	Good 11/16/2016 12:02 PM	
Term of Duration	• •			De	elayed Effective Date active Date	11110/2010 12.021 1	
Principal Addre	88			Mailing Ad	dress		
412 N Main St Ste 100 Buffalo, WY 82834				412 N Main St Ste 100 Buffalo, WY 82834			
Registered Age	nt Address						
Registered Agen 412 N Main St S Buffalo, WY 828 Partles	te100						
Туре	Name /	Organizatio	n / Address				
Organizer			nc. 412 N Main St S	te 100 Buffalo	o, WY 82834		
Notes	Ţ	-					
Date	Recorded	d By	Note				
Annual Repo	ort History						
Num	Status	Date	Year	Tax	<u> </u>		
Amendment	History		· · · · · · · · · · · · · · · · · · ·	· · ·			
ID	Descriptio	n			Date		
						Deep 1 of 2	

Filing Information

Please note that this form CANNOT be submitted in place of your Annual Report.

Name	Luxor Investments, LLC			
Filing ID	2016-000732819			
Туре	Limited Liability Company	Status	Active	
See Filing ID	Initial Filing	11/16/2016		