## BARBARA K. CEGAVSKE

Secretary of State

### KIMBERLEY PERONDI

Deputy Secretary for Commercial Recordings

### STATE OF NEVADA



OFFICE OF THE SECRETARY OF STATE

Commercial Recordings Division 202 N. Carson Street Carson City, NV 89701 Telephone (775) 684-5708 Fax (775) 684-7138

North Las Vegas City Hall 2250 Las Vegas Blvd North, Suite 400 North Las Vegas, NV 89030 Telephone (702) 486-2880 Fax (702) 486-2888

## **Certified Copy**

02/19/2021 11:20:53 AM

Work Order

W2021021900787 - 1138482

Number:

20211246963

**Through Date:** 

02/19/2021 11:20:53 AM

**Corporate Name:** 

**Reference Number:** 

LUXURY MAUI CONDOS LLC

The undersigned filing officer hereby certifies that the attached copies are true and exact copies of all requested statements and related subsequent documentation filed with the Secretary of State's Office, Commercial Recordings Division listed on the attached report.

| Document Number | Description                           | Number of Pages |
|-----------------|---------------------------------------|-----------------|
| 20110689164-08  | Articles of Organization - 09/23/2011 | 2               |



Certified By: Electronically Certified

Certificate Number: B202102191442981

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Respectfully,

BARBARA K. CEGAVSKE Nevada Secretary of State





more than 3)

Appointment of

**Registered Agent:** 

ROSS MILLER
Secretary of State
204 North Carson Street, Suite 4
Carson City, Nevada 89701-4520
(775) 684-5708
Website: www.nvsos.gov

## Articles of Organization Limited-Liability Company

(PURSUANT TO NRS CHAPTER 86)

DONALD FRENCH

8162 MISTY SAGE ST

Name

Filed in the Office of

Business Number
E0528952011-7

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20110689164-08

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09/23/2011

Number of Pages
2

(This document was med electronically.)

ABOVE SPACE IS FOR OFFICE USE ONLY USE BLACK INK ONLY - DO NOT HIGHLIGHT 1. Name of Limited-Check box if a Check box if a LUXURY MAUI CONDOS LLC Restricted Limited-Liability Company: Series Limited-Liability Company Liability Company (must contain approved limited-liability company wording; see instructions) 2. Registered Commercial Registered Agent: NATIONAL REGISTERED AGE-SEE ATTACHED Agent for Service of Process: (check Noncommercial Registered Agent Office or Position with Entity OR only one box) (name and address below) (name and address below) Name of Noncommercial Registered Agent OR Name of Title of Office or Other Position with Entity Nevada Zip Code Street Address City Nevada Mailing Address (if different from street address) Zip Code City 3. Dissolution Latest date upon which the company is to dissolve (if existence is not perpetual): Date: (optional) 4. Management: Company shall be managed by: Manager(s) OR Member(s) (required) (check only one box 5. Name and 1) BEVERLY FRENCH Address of each Manager or 771 JAMACHA RD #222 **EL CAJON** CA 92019 Managing Member: Street Address City State Zip Code (attach additional page if

Street Address Zip Code State 3) Name Street Address City State Zip Code 6. Name, Address MEGHAN RECORD MEGHAN RECOR-SEE ATTACHED and Signature of Organizer Signature Organizer: (attach 23586 CALABASAS ROAD, SUI additional page if more CALABASAS CA 91302 than 1 organizer) City State Zip Code I hereby accept appointment as Registered Agent for the above named Entity. 7. Certificate of Acceptance of

NATIONAL REGISTERED AGENTS, INC. OF NV

Authorized Signature of Registered Agent or On Behalf of Registered Agent Entity

LAS VEGAS

9/23/2011

89139

NV

# Articles of Organization (PURSUANT TO NRS CHAPTER 86)

**CONTINUED** 

Includes data that is too long to fit in the fields on the NRS 86 Form and all additional managers and organizers

| ENTITY NAME:                 | LUXURY MAUI CONDOS LLC                 |
|------------------------------|--|
| FOREIGN NAME<br>TRANSLATION: | Not Applicable                         |
| REGISTERED<br>AGENT NAME:    | NATIONAL REGISTERED AGENTS, INC. OF NV |
| STREET<br>ADDRESS:           | Not Applicable                         |
| MAILING<br>ADDRESS:          | Not Applicable                         |

|               | ADDITION  | <b>IAL</b> |    | Organize | ers |
|---------------|-----------|------------|----|----------|-----|
| Name: MEGF    | IAN RECO  | RD         |    |          |     |
| Address: 2358 | 36 CALABA | ASAS ROA   | D, |          |     |
| SUITE 102     |           |            |    |          |     |
| City: CALAB   | ASAS      |            |    |          |     |
| State: CA     |           |            |    |          |     |
| Zip Code: 913 | 02        |            |    |          |     |