

F15000001820

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

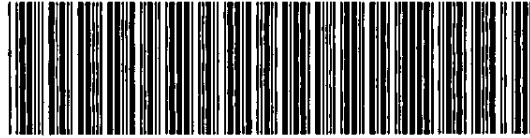
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/24/15--01027--002 **78.75

STATE OF FLORIDA
TALLAHASSEE

15 APR 24 PM 12:59

FILED

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Full Glass Gastro AG Company

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Nicole J. Huesmann, Esquire

Name of Person

Nicole J. Huesmann, P.A.

Firm/Company

150 Alhambra Circle, Suite 1150

Address

Coral Gables, FL 33134

City/State and Zip code

njhuesmann@njhlaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nicole Huesmann at (305) 858 0220

Name of Person

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

- \$70.00 Filing Fee \$78.75 Filing Fee & Certificate of Status \$78.75 Filing Fee & Certified Copy \$87.50 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. Full Glass Gastro AG Company

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Switzerland

(State or country under the law of which it is incorporated)

3. 98-1233606

(FEI number, if applicable)

4. 12/15/2014

(Date of incorporation)

5. perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. _____

(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. c/o Nicole J. Huesmann, Esq., 150 Alhambra Circle, Suite 1200, Coral Gables, FL 33134

(Principal office address)

c/o Nicole J. Huesmann, Esq., 150 Alhambra Circle, Suite 1200, Coral Gables, FL 33134

(Current mailing address)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Nicole J. Huesmann, P.A.

Office Address: 150 Alhambra Circle, Suite 1200

Coral Gables, Florida 33134 (City) (Zip code)

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9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

[Handwritten signature]

(Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

11. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: **Nicole J. Huesmann**

Address: **150 Alhambra Circle, Suite 1200**

Coral Gables, FL 33134

Director: _____

Address: _____

B. OFFICERS

President: _____

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12.  _____

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

13. **Nicole J. Huesmann, Director** _____

(Typed or printed name and capacity of person signing application)

FILED
15 APR 24 PM 12:58
SOUTH FLORIDA
TALLAHASSEE



COMMERCIAL REGISTER OF THE LUCERNE CANTON

Company Register No. CHE-181.174.590	Legal Form Joint Stock Company	Registration 12/15/2014	Deletion	Transfer CH-100.3.799.282-0 From: To:	1
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All entries

Entry	Deletion	Company	Ref.	Main Office
1		Full Glass Gastro AG	1	Lucerne

Entry	Del.	Share Capital (CHF)	Payment in full (CHF)	Division of Shares	Entry	Del.	Address of Company
1		100,000.00	100,000.00	100 Owner Shares of CHF 1,000.00 each	1		Zürichstrasse 5 6004 Lucerne

Entry	Del.	Purpose	Entry	Del.	Postal Address
1		Operation of food and beverage establishments; holdings in food and beverage operating organizations; holdings; purchasing, mortgaging or sale of properties.			

Entry	Del.	Remarks	Ref.	Date of Bylaws
1		Notifications will be made in writing or via email. The transferability of the bearer shares is limited by the statutes. In accordance with the founder's statement dated 12/10/2014, the company is not required to perform a proper audit and foregoes a limited audit.	1	12/12/2014

Entry	Del.	Special Circumstances	Ref.	Publication
			1	SHAB

Entry	Del.	Branch Offices	Entry	Del.	Branch Offices

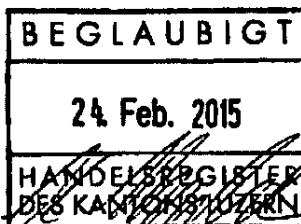
Location ID	Ref.	TR No	TR Date	SHAB	SHAB Date	Page/ID	Location ID	Ref.	TR No	TR Date	SHAB	SHAB Date	Page ID
NW	1	8706	12/15/2014	245	12/18/2014	1887021							

Entry	Change	Deletion	Personal Data	Capacities	Signature
1			Lüdenbach-Commandeur, Dr. Gabriela Erika Luise, German Citizen, in Stansstad	Member	Individual signature

FILED
 15 APR 24 PM 12:58
 ALLIANCE
 STATE OF FLORIDA
 COUNTY OF BROWARD

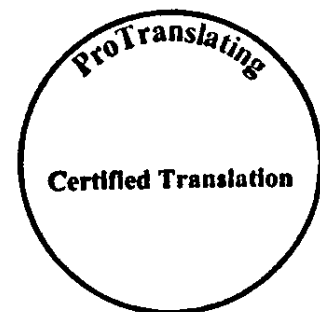
Lucerne, 02/24/2015 02:42 PM FAL

Note: This extract from the Canton Commercial Register is not valid without the affixed original certification. It contains all entries that are currently valid for this company as well as any deleted entries. An extract with only all current valid entries can be provided upon special request.



[Stamp: CERTIFIED
Feb. 24, 2015

COMMERCIAL REGISTER OF THE LUCERNE
CANTON] /Signature/



Firmennummer CHE-181.174.590	Rechtsnatur Aktiengesellschaft	Eintragung 15.12.2014	Löschung	Übertrag CH-100.3.799.282-0 von: auf:	1
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Alle Eintragungen

Ei	Lö	Firma	Ref	Sitz
1		Full Glass Gastro AG	1	Luzern

Ei	Lö	Aktienkapital (CHF)	Liberierung (CHF)	Aktien-Stückelung	Ei	Lö	Adresse der Firma
1		100'000.00	100'000.00	100 vinkulierte Namenaktien zu CHF 1'000.00	1		Zürichstrasse 5 6004 Luzern

Ei	Lö	Zweck	Ei	Lö	andere Adresse
1		Betrieb von Gastronomielokalen; Beteiligung an Gastronomie-Betreiberorganisationen; Beteiligungen; Kauf, Belehnung oder Verkauf von Liegenschaften.			

Ei	Lö	Bemerkungen	Ref	Statutendatum
1		Mitteilungen erfolgen schriftlich oder per E-Mail.	1	12.12.2014
1		Die Übertragbarkeit der Namenaktien ist nach Massgabe der Statuten beschränkt.		
1		Gemäss Erklärung des Gründers vom 10.12.2014 untersteht die Gesellschaft keiner ordentlichen Revision und verzichtet auf eine eingeschränkte Revision.		

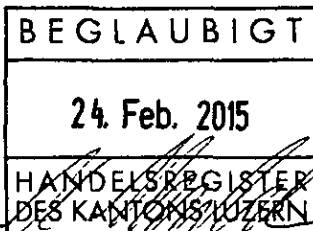
Ei	Lö	Besondere Tatbestände	Ref	Publikationsorgan
			1	SHAB

Ei	Lö	Zweigniederlassung (en)	Ei	Lö	Zweigniederlassung (en)

Ze	Ref	TR-Nr	TR-Datum	SHAB	SHAB-Dat.	Seite / Id	Ze	Ref	TR-Nr	TR-Datum	SHAB	SHAB-Dat.	Seite / Id
LU	1	8706	15.12.2014	245	18.12.2014	1887021							

Ei	Ae	Lö	Personalangaben	Funktion	Zeichnungsart
1			Lüdenbach-Commandeur, Dr. Gabriela Erika Luise, deutsche Staatsangehörige, in Stansstad	Mitglied	Einzelunterschrift

Luzern, 24.02.2015 14:42 FAL



Dieser Auszug aus dem kantonalen Handelsregister hat ohne die nebenstehende Originalbeglaubigung keine Gültigkeit. Er enthält alle gegenwärtig für diese Firma aktuellen Eintragungen sowie allfällig gestrichene Eintragungen. Auf besonderes Verlangen kann auch ein Auszug erstellt werden, der lediglich alle gegenwärtig aktuellen Eintragungen enthält.



CERTIFICATE OF ACCURACY

The undersigned, Dr. Luis A. de la Vega, Chairman of ProTranslating, appearing on behalf of ProTranslating, hereby states, to the best of his knowledge and belief, that the foregoing is an accurate translation of the attached original document in the German language, consisting of 1 pages, and that this is the last of the attached.

Luis A. de la Vega, Ph. D.
Chairman
For ProTranslating

State of Florida
County of Miami-Dade

The foregoing certificate was acknowledged before me on this 3rd day of March, 2015, by Dr. Luis A. de la Vega, Chairman of ProTranslating, a Florida corporation, on behalf of the corporation. He is personally known to me.

Notary Public

My commission expires:

