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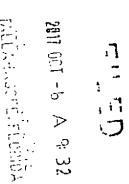
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D. SCOTT OCT 9 2017

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

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PDOR CORPO	RATION	
		Art of Inc. File
		LTD Partnership File
		Foreign Corp. File
		L.C. File
		Fictitious Name File
		Trade/Service Mark
		Merger File
		Art, of Amend, File
		RA Resignation
		Dissolution / Withdrawal
		Annual Report / Reinstatement
		Cert. Copy
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COVER LETTER

TO:	Registration Se Division of Co							
SUB.	JECT:	LA	APDOR CORPO	RATION	!			
S C D	,EC1	Name	of corporation	ı - must	include suffix			
Dear S	Sir or Madam:							
"Certi	ficate of Existen-	ition by Foreign C ce," or "Certifica gn corporation to	te of Good Sta	nding" a	nd check are sub			••
	e return all corres MAS R. SPENCER	pondence concer	ning this matte	r to the i	ollowing:			
			Name of	Person	••	 		
THO	MAS R. SPENCER	t, PA						
2655	LE JEUNE ROAD	, FIFTH FLOOR	Firm/Con	npany				
			Addr	ess				
CORA	AL GABLES, FLO	RIDA 33134						
			City/State a	and Zip o	ode	<u>-</u> ;		
tspend	er@spencerpa.con	n				TAC.	2817	
		E-mail addre	ss: (to be used	for futur	e annual report i	notification)	30	
For fu	irther information	1 concerning this	matter. please	call:			-	· · ·
Thomas R. Spencer 305		648	0940	<u>.</u>	\triangleright	111		
	Name of Perso	on	at (Area Coo	<i>/</i> le	Daytime Telep	hone Number	. 32	٠
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301				MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314				
Enclo	sed is a check for	r the following ar	nount:					
□ \$7	0.00 Filing Fee	□ \$78.75 Fili Certificate			5 Filing Fee & Ted Copy	S87.50 F Certifica Certified	ite of St	

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.

LAPDOR COR 1	corporation; must include "INCORPORATED."	"COMPANY" "CORPORATIO)N' "		
"Inc.," "Co.," "C	Corp." "Inc." "Co." or "Corp.")	COMPANT, CORPORATION	JN.		
(If name unavail	able in Florida, enter alternate corporate name ad	lopted for the purpose of transact	ing business in Florida)		
DELAWARE 2.	3.	82-2926868			
	ry under the law of which it is incorporated)	(FEI number, if applicable)			
AUGUST 9,201 I.	17 5.				
(Date	5	(Date of duration, if oth	er than perpetual)		
).					
	(Date first transacted business in I	lorida, if prior to registration)			
1300 MICANOP	(SEE SECTIONS 607,1501 & 607,150 Y AVENUE, MIAMI, FLORIDA 33133	2, F.S., to determine penalty liab	ility)		
'					
	(Principal	office address)			
	(Current mailing	address, if different)			
			F. N		
3. Name and stree	et address of Florida registered agent: (P.O.	Box NOT acceptable)	1391 000 188 2		
Name:	THOMAS R SPENCER				
Office Address:	2655 LEJEUNE ROAD, FIFTH FLOOR		1 -5 A 9 32		
office Address.	CORAL GABLES	32132	11		
		. Florida (Zip code)			
	(City)	(Zip code)	20 € ₩ 50 € ₩		
). Registered ag	ent's acceptance:		<i>y N</i>		
Yaving been nam	ned as registered agent and to accept service	e of process for the above sta	ted corporation at the place		
	s application, I hereby accept the appointme comply with the provisions of all statutes re				
tuties, and I am j	familiar with and accept the obligations of	my position as registered age	nt.		
		· · · · · · · · · · · · · · · · · · ·			
	Markey				
-	(Registered ag	ent'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:				ì
A. DIRECTORS				
Chairman: Juan Pedro Alduncin				}
Address: 1300 Micanopy Avenue, Miami, Florida 33133				
	-			
Vice Chairman				
Vice Chairman:				
Address:				—— ₁
Director:		<u></u>		
Address:				'
				
Director:		<u>.</u>		
Address:				
B. OFFICERS				
Juan Pedro Alduncin President:				
President: 1300 Micanopy Avenue, Miami, Florida 33133				
Address:				
		2617	· <u>-</u>	
Vice President:	<u> </u>	1 50	:]	
Address:			-	
		<u>~</u>	<u> </u>	
Thomas R. Spencer Secretary:		_ 		
Address:		(U <u>^</u> 2		
Treasurer:				
Address:		-		
NOTE: If necessary, you may attach an addendum to the application listing additional offi	core and	lor diron	10.00	
12. A supplication risting additional officers.	cers and	or affec	1015.	
Signature of Director or Officer				
The officer or director signing this document (and who is listed in number 11 above) affirm are true and that he or she is aware that false information submitted in a document to the Do a third degree felony as provided for in s.817.155, F.S.	is that the epartmen	e facts st it of Stat	tated herei e constitut	n (es
Thomas R. Spencer, Secretary				
(Typed or printed name and capacity of person signing application)			

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "LAPDOR CORPORATION" IS DULY

INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS

OF THIS OFFICE SHOW, AS OF THE FIFTH DAY OF OCTOBER, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "LAPDOR CORPORATION" WAS INCORPORATED ON THE NINTH DAY OF AUGUST, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES HAVE BEEN ASSESSED TO DATE.

2917 OCT -6 A 9 32

Authentication: 203350233

Date: 10-05-17

6506459 8300 SR# 20176496369

You may verify this certificate online at corp.delaware.gov/authver.shtml