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(Re	questor's Name)			
(Ad	dress)			
(Address)				
(Cit	y/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to	Filing Officer:			
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Sign Will	n (d)			
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March 18, 2016

HUMBERTO L RODRIGUEZ GONZALEZ & RODRIGUEZ PL 999 PONCE DE LEON BLVD, STE. 1135 CORAL GABLES, FL 33134

SUBJECT: LUA02 LLC

Ref. Number: W16000020436

We have received your document for LUA02 LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), AuthorizedPerson (AP), or Authorized Representative (AR).

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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.

Karen A Saly Regulatory Specialist II

Letter Number: 016A00005630

COVER LETTER

TO:	Registration Secti Division of Corpo					
SUBJE	Lua02 LLC					
Name of Limited Liability Company						
The end Existen	closed "Application b ce, and check are sub	by Foreign Limited Liability Componitted to register the above reference.	pany for Authorization to Transenced foreign limited liability of	sact Business in Florida," Certificate of company to transact business in Florida		
Please i	return all correspond	ence concerning this matter to the	following:			
	Humberto	L. Rodriguez				
Name of Person						
	Gonzalez & Rodriguez PL					
	Firm/Company					
	999 Ponce de Leon Blvd. Ste. 1135					
	Address					
	Coral Gables FL 33134					
	City/State and Zip Code					
hrodrigucz@gr-law.net						
E-mail address: (to be used for future annual report notification)						
For furt	her information conc	erning this matter, please call:				
	Humberto L Rodri	guez	305 461-4880 at (
	Na	ame of Contact Person	Area Code Daytii	me Telephone Number		
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassec, FL 32314		STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301				
Enclose	d is a check for the form \$125,00 Filing F			□ \$160.00 Filing Fee, Certificate of Status & Certified Copy		

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: Lua02 LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C," or "LLC.") Delaware (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) 3-2-16 (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 999 Ponce de Leon Blvd. PH 1135 Coral Gables, FL 33134 (Street Address of Principal Office) 999 Ponce de Leon Blvd. PH 1135 Coral Gables, FL 33134 (Mailing Address) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Gonzalez & Rodriguez PL Name: 999 Ponce de Leon Blvd. PH 1135 Office Address: Coral Gables (City) Registered agent's acceptance: 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 application, I hereby accept the appointment as registered agept-and agree to act in this capacity. I further agree to complywith the provisions of all statutes relative to the proper and domplete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent. (Registered agent a signature) 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Ernesto N. Lemberger 9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is jury foreign language, a translation of the certificate under oath of the translator must be submitted) Signature of an appliorized person This document is executed in accordance with section 605.0203 (1) (b). Florida Statutes. I am aware that any false information

Typed or printed name of signee

submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Humberto L. Rodriguez

Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "LUA02 LLC" IS DULY FORMED UNDER THE

LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A

LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF

THE TWENTY-SECOND DAY OF FEBRUARY, A.D. 2016.

2016 APR 22 PM 3: 34 SELVKE PARKY OF STATE

Authentication: 201864991

Date: 02-22-16