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From:		
	Account Name : RC TAX SERVICE LLC	. L
	Account Number : I20140000083 ;	
	Phone : (407)932-0040	7
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Enter	the email address for this business entity to be used for futur nual report mailings. Enter only one email address please.	_
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Foreign Limited Liability Company THE LANE LLC

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119/20

COVER LETTER

4

TO:	Registration Section Division of Corporations	•		*,	
	THE LANE LLC			_	
SUBJI	Nau	me of Limited Liability Company .		-	
The en Exister	closed "Application by Foreign Limited Liability nce, and check are submitted to register the above	y Company for Authorization to Transact Busin e referenced foreign limited liability company t	ess in Florida, o transact busi	" Certi iness in	ficate of Florida
Please	return all correspondence concerning this matter	to the following:			
	DIEGO FERNANDO LOZANO GO	ONZALEZ			
		Name of Person		•	
	THE LANE LLC			2079	
	1650 MARKET ST. SUITE 3600	Firm/Company	73.7 73.7 73.7 73.7	9- AON 6202	
	PHILADELPHIA, PA 19103	Address	E C	64: rh Hd	TA
	DIEGOLOZANO88@HOTMAIL.CO	City/State and Zip Code M be used for future annual report notification)	マン・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・	<u>.</u>	
For fu	rther information concerning this matter, please of				
	DIEGO LOZANO	519 841 - 9010 at ()		_	
	Name of Contact Person	Area Code Daytime Teleph	one Number		
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 81 Tallahassee, FL 32303	0		
	Enclosed is a check for the following amount: Please make check payable to: FLORIDA DE \$125.00 Filing Fee \$130.00 Filing Fee Certificate	EPARTMENT OF STATE Fee & \$155.00 Filing Fee & \$160	.00 Filing Fee of Status & Co		

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

IN COMPLIANCE WITH SECTION 603/602, FLORIDA SEATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED DABILITY COMPANY TOTRANSACT BUSINESS IN THE STATE OF FLORIDA:

	Limited Liability Company; must include "Limited L	iability Company, "L.L.C., or "LL	.C,")	
(remitte of restrigation	Limited Liaonity Company, titus nessae Estate C			3
Thirt many horses a	nine idented for the purpose of trainst ting hasiness in Flori	ta. The alternate mane may behale "kim	ited Liebility Company, "L.L.	en "LLC")
<u> </u>	•	30-1207035		5 .
<u> Fennsy Ivo</u>	INTA	3	munders, if applicable) -	<u>, , , , , , , , , , , , , , , , , , , </u>
i Junsal Chen Ondon the Iow III w	dich menin mumo manda combants a ocean seas		77.	
09/21/2020			•	X -
	(Date that transacted business in Florida, if proor to reg (See sections 603,0804-2, 603,085,175, in determine	(setration.)		ذ. ,
1650 MARKET ST SU		6116 MARLBERRY D	OR COMPANY	ည်
s Address of Principal Other)		(Mailing Address)		
PHILADELPHIA, PA	E01P1 E061R1	ORLANDO, FL 32819	,	
Name and street addres	es of Florida registered agent: (P.O. Box	NOT acceptable)		
Name and <u>street addre</u> s	ss of Florida registered agent: (P.O. Box 3	NOT acceptable)		
Name and <u>street addre</u> s				
	of Florida registered agent: (P.O. Box]			
Name and <u>street addres</u> Name:	DIEGO FERNANDO LOZANO GONZ			
Name:				
•	DIEGO FERNANDO LOZANO GONZ	ALEZ		
Name:	DIEGO FERNANDO LOZANO GONZ 6116 MARLBERRY DR ORLANDO	ALEZ		
Name:	DIEGO FERNANDO LOZANO GONZ 6116 MARLBERRY DR ORLANDO	ALEZ	(KK)	
Name:	DIEGO FERNANDO LOZANO GONZ 6116 MARLBERRY DR		(vic)	
Name: Office Address:	DIEGO FERNANDO LOZANO GONZ 6116 MARLBERRY DR ORLANDO (Cay)	ALEZ 32819 ; Florida (Zip.)	•	at the old
Name: Office Address: gistered agent's accep	DIEGO FERNANDO LOZANO GONZ 6116 MARLBERRY DR ORLANDO (Cay)	32819 ; Florida	rited liability company	at the plo further t
Name: Office Address: gistered agent's accepting been named as re-	DIEGO FERNANDO LOZANO GONZ 6116 MARLBERRY DR ORLANDO (Ca) Stance: registered agent and to accept service of providing L baseby greent the appointment as	32819 ; Florida	nited liability company act in this cupacity. I	J11/1/15
Name: Office Address: gistered agent's accepting been named as reignated in this applicationally with the provis	DIEGO FERNANDO LOZANO GONZ 6116 MARLBERRY DR ORLANDO (Cay) Stance: rgistered agent and to accept service of pration, I hereby accept the appointment as ions of all statutes relative to the proper a	32819 ; Florida	nited liability company act in this cupacity. I	J11/1/15
Name: Office Address: gistered agent's accepting been named as reignated in this applicationally with the provis	DIEGO FERNANDO LOZANO GONZ 6116 MARLBERRY DR ORLANDO (Cay) Stance: registered agent and to accept service of pration, I hereby accept the appointment as ions of all statutes relative to the proper a se of my position as registered agent.	32819 ; Florida	nited liability company act in this cupacity. I	Jui 11.
Name: Office Address: gistered agent's accepting been named as reignated in this applicationally with the provis	DIEGO FERNANDO LOZANO GONZ 6116 MARLBERRY DR ORLANDO (Cay) Stance: rgistered agent and to accept service of pration, I hereby accept the appointment as ions of all statutes relative to the proper a	32819 ; Florida	nited liability company act in this cupacity. I	J11/1/15

. S. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage (up to six (6) total):

Title or Capacity;	Name and Address:	Title or Capacity:	Name and Address:
≣ Manager	Name: DIEGO F LOZANO GONZALEZ	€Manager	Name:
□Member	Address: 1650 Market St Suite 3600	≅Member	Address:
□Authorized	Philadelphia PA 19103	□Authorized	
Person		Person	070
©Other	COther	□Other	□Other V
•			O II
□Manager	Name:	□Manager	Name:
∐Member	Address:	□Member	Address:
DAmhorized -		□Authorized :::	
Person		Person	<u> </u>
□Other	□Other	□0:her	GOther
☐ Manaiger	Name:	□Manager	Name:
⊡Member	Address:	######################################	Address:
□Authorized		☐ Authorized	
Person	· · · · · · · · · · · · · · · · · · ·	Person	<u>··.</u>
Other		[]Other	··· Other

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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 in a foreign language, a-translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1) (b). Florida Statutes, I am aware that any false information submitted in a document to the Department of State constitutes a third degree fellows as provided for in a.217.155, F.S.

Dieso Lorano