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Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : LEGALINC CORPORATE SERVICES INC.
Account Number : I20180000011
Phone : (844) 396-0173
Fax Number : (214) 317-4754

****Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please.**

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FOREIGN PROFIT/NONPROFIT CORPORATION
LF FRONT, CORP.

Certificate of Status	0
Certified Copy	1
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****CORRECTION: 2pgs****

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November 16, 2018

FLORIDA DEPARTMENT OF STATE
Division of Corporations
LEGALINC CORPORATE SERVICES INC.

SUBJECT: LFRONT, CORP.
REF: W18000100194

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

You have submitted articles to qualify a foreign Limited Liability company. Please resubmit using Application by Foreign Profit Corporation.

If you have any questions concerning the filing of your document, please call (850) 245-6939.

Lee Yarbrough
Senior Section Administrator

FAX Aud. #: H18000327954
Letter Number: 018A00023662

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**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.

LFRONT, CORP

1. _____
(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)
DELAWARE

2. _____ 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 07/14/2017 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
1001 BRICKELL BAY DR. #1200 MIAMI, FL 33131

7. _____
(Principal office address)

(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
OSCAR GRISALES-RACINI PA

Name: _____
1001 BRICKELL BAY DR. # 1200

Office Address: _____
MIAMI, FL 33131
_____, Florida _____
(City) (Zip code)

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.



(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.

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

A. DIRECTORS

Chairman: JUAN JORGE OXENFORD
1001 BRICKELL BAY DR. # 1200, MIAMI, FL 33131
Address:

Vice Chairman:
Address:

Director: JUAN JORGE OXENFORD
1001 BRICKELL BAY DR. #1200, MIAMI, FL 33131
Address:

Director:
Address:

B. OFFICERS

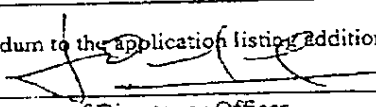
President: JUAN JORGE OXENFORD
1001 BRICKELL BAY DR. #1200, MIAMI, FL 33131
Address:

Vice President:
Address:

Secretary: JUAN JORGE OXENFORD
1001 BRICKELL BAY DR. #1200, MIAMI, FL 33131
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 11 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. JUAN JORGE OXENFORD
(Typed or printed name and capacity of person signing application)

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Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "LFRONT, CORP" 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 FOURTEENTH DAY OF NOVEMBER, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "LFRONT, CORP" WAS INCORPORATED ON THE FOURTEENTH DAY OF JULY, A.D. 2017.

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

FILED
2018 NOV 21 AM 8:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



6478411 8300

SR# 20187632833

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

A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 203896878

Date: 11-14-18

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