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SECRETARY OF STATE SECRETARY OF STATE SECRETARY OF STATE



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TRANSMITTAL LETTER

FILED

TO: Registration Section 295 JAN -6 P -3: 5 Division of Corporations SECRETARY OF STATE TALLAHASSEE, FLORIC SUBJECT: LORINA, Inc. (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," 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: Glenn M. Cooper (Name of Person) Glenn M. Cooper & Associates, P.A. (Firm/Company) 1560 Sawgrass Corporate Parkway, 4th Floor (Address) Sunrise, FL 33323 (City/State and Zip code) For further information concerning this matter, please call: 389 6986 Glenn M. Cooper (Area Code & Daytime Telephone Number) (Name of Person) STREET ADDRESS: MAILING ADDRESS: Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 409 E. Gaines St. Tallahassee, FL 32399 Tallahassee, FL 32314 Enclosed is a check for the following amount: ☐ \$78.75 Filing Fee & **Ø** \$87.50 Filing Fee, S70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status Certified Copy 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.

LORINA, inc.			(ad) JAN -4 D 3-1
	orporation; must include "INCORPORAT. orp," "Inc," "Co," or "Corp.")	ED,	" "COMPANY," "CORPORATION." ACCUMPANY," "CORPORATION." ACCUMPANY," "CORPORATION."
(If name unavail	able in Florida, enter alternate corporate na	ıme	adopted for the purpose of transacting business in Florida)
g. Georgia		_3.	582 56 5 \\53 (FEI number, if applicable)
	under the law of which it is incorporated)	-	(FEI number, if applicable)
07/06/2000		5.	perpetual
(Date	e of incorporation)		(Duration: Year corp. will cease to exist or "perpetual")
5. N/A			
	•		n Florida, if prior to registration) 502, F.S., to determine penalty liability)
100 North Bisca	ayne Boulevard - Suite 500 - Miami, FL	331	132
	(Principal office	add	ress)
100 North Bisc	ayne Boulevard - Suite 500 - Miami, FL	, 33°	132
	(Current mailing	add	ress)
All lawful busin	eess		
(Purpose(s) of corporation authorized in home state	n co	ountry to be carried out in state of Florida)
). Name and stre	et address of Florida registered agent:	(P.C	D. Box NOT acceptable)
Name:	Glenn M. Cooper		
Office Address:	1560 Sawgrass Corporate Parkway,	4th	Floor
	Sunrise		, Florida 33323
	(City)		(Zip code)

10. 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)

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

110 North Picocyma Pollicyard Sylfa 600 - Migrat El 22132	
ddress: 100 North Biscayne Boulevard - Suite 500 - Miami, FL 33132	
	275 JAN -5 P
ice Chairman:	STERAY OF O
ddress:	LAHASSEET FO
irector:	
ddress:	
rirector:	
ddress:	
resident: Jean Pierre Barjon ddress: 100 North Biscayne Boulevard - Suite 500 - Miami, FL 33132	
ice President:	
ddress:	
ecretary:	
ddress:	
reasurer: Olivier Sureau	
ddress: 100 North Biscayne Boulevard - Suite 500 - Miami, FL 33132	
OTE: If necessary, you may attach an addendum to the application listing 3. (Signature of Director or Officer listed in number 12 o	

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

Secretary of State

Corporations Division 315 West Tower #2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530 CONTROL NUMBER : 0030544
DATE INC/AUTH/FILED: 07/06/2000
JURISDICTION : GEORGIA
PRINT DATE : 01/04/2005

FORM NUMBER : 211

GLENN M COOPER & ASSOCIATES, P.A. GLENN M COOPER 1560 SAWGRASS CORPORATE PKWY 4TH FLOOR SUNRISE, FL 33323

CERTIFICATE OF EXISTENCE

I, Cathy Cox, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that as of the above print date

A GEORGIA PROFIT CORPORATION

is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated.

Said entity was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date and has not filed articles of dissolution, certificate of cancellation or any other similar document with the Office of the Secretary of State

This certificate relates only to the legal existence of the above-named entity as of the print date above. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This information is electronically transmitted, issued and certified in accordance with the Georgia Electronic Records and Signatures Act and Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

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Cathy Cox Secretary of State