Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6383

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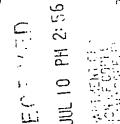
Account Name : HARVARD BUSINESS SERVICES, INC.

Account Number : 120080000045 : (302)645-7400

: (302)645-1290 Fax Number

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

Email Address: nathalie@luxefete.com



FOREIGN PROFIT/NONPROFIT CORPORATION

Luxe Fete Social, Inc.

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\$78.75

Electronic Filing Menu

Corporate Filing Menu

Help

Luxefête

June 22, 2018

Florida Department of State
Division of Corporation
2661 Executive Center Circle Tallahassee, Florida 32314
Tallahassee, Florida 32301

To whom it may concern,

The principals for Luxe Fete Social, LLC (Document Number L18000014227), an administratively dissolved Florida LLC, are in fact the same principals for Luxe Fete Social, Inc., a Delaware Corporation that recently applied for Authority to transact business in the State of Florida.

The following named principals have no intention of reinstating the Florida LLC, and wish to conduct business as a Delaware Corporation with the Authority to transact business in Florida.

Managing Member, Luxe Fete Social, LLC

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. Luxe Fete Social, Inc. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co," or "Corp.")

finame unavailab	le in Florida, enter alternate corporate name i	adopted for the purpose of transacting business	,
)claware	3.	830992782	
State or country	under the law of which it is incorporated)	(FEI number, if applicable)	
06/20/2018	5.		
(Date o	f incorporation)	(Date of duration, if other than perp	causi)
		vertal if mine to engistration)	
	(Date first transacted business to (SEE SECTIONS 607.1501 & 607.1	n Florida, if prior to registration) 502, F.S., to determine penalty liability)	3.
951 NW 7th Avo	Suite 600, Miami, Florida, 33136		
		pal office address)	p
	(Current mail	ing address, if different)	
	·		
Name and street	t address of Florida registered agent: (P.	O. Box NOT acceptable)	ن
* ma 575.2.2	Nathalic Cadet-James		3
Name:	COST NOT THE ANN SHIP AND		.3
fice Address:	1951 NW 7th Ave, Suite 600		
	Miami	33136 . 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.

II. Name	and business addresses of officers and/or directors:
A. DIRE	CTORS
Address:	
-	
	man:
Address:	
Di re ctor:	Nathalic Cades-James
Address:	1951 NW 7th Ave, Suite 600, Miami, Florida, 33136
Address.	
Director:	
Address:	
B. OFF	
Presiden	. Nathalie (udet James
Address:	1951 NW 7th Ave. Suite 600, Miami, Fla 33136
Vice Pre	sident: Northalit (adpt-James
Address	1951 NW 7th Ave., Miami, Fla 33136
Secretar	y. Nathaliz Cadet- James
Address	1951 N.W 7th Ave. Miami Fla 33136
Treasun	Mathalie (adel-James
Address	1451-1/2 14 715- Ave., Miami, Fla 33136
NOTE	If necessary, you may attach an addendum to the application listing additional officers and/or directors.
12.	Un Shote later front
/ ~~	Signature of Director or Officer Figure 2 director signing this document (and who is listed in number 11 above) affirms that the facts stated herein
are tru	e and that he or she is aware that false information submitted in a document to the Department of State coasticities
, N	degree felony as provided for in s.817.155, F.S. athalie Cadet-James, CEO
13	(Typed or printed name and capacity of person signing application)

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Additional Officers

CEO: Nathalic Cadet-James, 1951 NW 7th Ave, Suite 600, Miami, Florida, 33136

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "LUXE FETE SOCIAL, INC." 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 NINTH DAY OF JULY, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "LUXE FETE SOCIAL, INC." WAS INCORPORATED ON THE TWENTIETH DAY OF JUNE, A.D. 2018.

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

6940795 8300 SR# 20185569165

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

Jeffery W. Buffech, Secretary of State

Authentication: 203030196

Date: 07-09-18