Ø0 01∕0004 ngs /2019 302 5:10 F x (of 2 Division of C orporat

Florida Department of State Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H190000194973)))



H190000194973ABC7

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this Daine so y enerate another cover sheet

Ϋς:	Nivision of Co Fax Number	rperations : (850)417-0	HRN.		رج بر (۳۰ ما (۳۰ مار)	19 JAN
					<u>.</u>	Z
Ferone	Account Name	: HARVARD BU	ISINESS SE	RVICES,	THE	17
	Account Rumber	1000600000	14 U			5
	Phone Fax Number	-: (302)645-3 -: (302)645-3			م با معاد	PH
	Pak Number	. (302.045	.200		33	1:2
- encompit	address for this		1600 200 8	o usod f		
r gne email	r mailings. Enter	r ousiness en r only one en	caty co b cat) adore	e useu . (ss ploa	01 44404 307 * *	
				•		
	1					
	s:superlaza7@gm	ail.com			<u> </u>	
	s: superlaza7@gm	ail.com			<u> </u>	
	s:superlaza7@gm	ail.com				
mail Addres	s:superlaza7@gm IGN PROFIT/NC		CORPOR	ATION		
mail Addres	IGN PROFIT/NC		CORPOR	ATION		
mail Addres FORE	IGN PROFIT/NC	ONPROFIT (CORPOR	ATION		
mail Addres FORE	IGN PROFIT/NC Lu Certificate of Status	ONPROFIT (CORPOR	ATION		
mail Addres FORE	IGN PROFIT/NC Lu Certificate of Status Certified Copy	ONPROFIT (1	ATION		
mail Addres	IGN PROFIT/NC Lu Certificate of Status Certified Copy Page Count	ONPROFIT (1 0 04	ATION		
mail Addres	IGN PROFIT/NC Lu Certificate of Status Certified Copy	ONPROFIT (1	ATION		
mail Addres	IGN PROFIT/NC Lu Certificate of Status Certified Copy Page Count	ONPROFIT (1 0 04	ATION	(0)	
mail Addres	IGN PROFIT/NC Lu Certificate of Status Certified Copy Page Count	ONPROFIT (1 0 04	ATION		
mail Addres	IGN PROFIT/NC Lu Certificate of Status Certified Copy Page Count	ONPROFIT (1 0 04	ATION	G	

1.6 :E HA L.I. 1.1 5.7 6102

(((H19000019497 3)))

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.

Euculine,

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

Delaware	3				
(State or countr	3	(FEI number, if applie	(FEI number, if applicable)		
01/14/2019	5.				
(Date of incorporation)		(Date of duration, if other than perpetual)			
	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502				
	Ave., Orlando FL 32803				
	(Principal	office address)			
	(Current mailing	address, if different)			
			9		
Name and stree	and address of Florida registered agent: (P.O.	Box <u>NOT</u> acceptable)	AN AN		
Name:	Registered Agents Inc.		L1		
	7901 4th Street N. Ste 300				
fice Address:		·	· · · · · · · · · · · · · · · · · · ·		
	St. Petersburg		:21		
	(City)	(Zip code)	्रिक 🚛		

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.

. .

(([H190000]	9497	3}))
-------------	------	------

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

A. DIRECTORS			
Chairman:			
Address:			
Vice Chairman:			
Address:			
-			
David Perlaza Director.			
909 N. Thornton Ave., Orlando FL 32803 Address:			
Director:			
Address:			
Address.			
B. OFFICERS President: David Perlaza President: 909 N. Thornton Ave., Orlando FL 32803 Address:			
Vice President:	·		
Address:			
	50		
Secretary:	1	JAN	
Nddress:			
Treasurer:	<u> </u>		
Address:			
NOTE: If necessary, you may attach an addendum to the application listing additional officers	and/ortairecte	2	
12. Signature of Director or Officer The officer or director signing this document (and who is listed in number 11 above) affirms that are true and that he or she is aware that false information submitted in a document to the Depart	it the facts sta	ted he	rein itutes
a third degree felony as provided for in \$.817.155, F.S.			
David Perlaza - President 13. (Typed or printed name and capacity of person signing application)			<u> </u>
(a yped or printed name and capacity or person signing appreation)			

01/17/2019 15:11 FAX 3026451280

HBS Filings Fax

0004/0004

(((H190000194973)))



Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "LUCU 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 SEVENTEENTH DAY OF JANUARY, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "LUCU INC." WAS INCORPORATED ON THE FIFTEENTH DAY OF JANUARY, A.D. 2019.

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



7239659 8300 SR# 20190325595

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

Authentication: 202095941 Date: 01-17-19

(((H19000019497 3)))