# FIGGED367

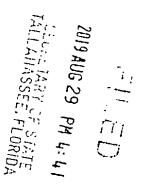
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## **COVER LETTER**

TO:	_	tration Sect on of Corp					
SHRI	FCT.	MELLIG C	ONSULTING, 1	NC.			
SUBJECT: Name of corporation - must include suffix							
Dear S	Sir or Mi	adam:					
"Certit	ficate of	Existence.		e of Good S	tandir	thorization to Transact E ig" and check are submit in Florida.	
		all correspo JCCA BIAN	ndence concerr (CHI	ning this mat	iter to	the following:	
Mellig	Group,	LLC		Name	of Per	son	2019 AL
400 Un	niversity	Dr. Suite 40	00	Firm/C	ompai	ny	6 29 H
Coral C	Gables, F	FL, 33134		Ad	dress		ELORI FLORI
eduarde	o.lucca@	mellig.us		City/State	e and	Zip code	2
-	<del></del>		E-mail addres	s: (to be use	d for	future annual report noti	fication)
For fur	rther inf	ormation c	oncerning this r	natter, pleas	e call	:	
EDUARDO LUCCA BIANCHI		305 at (	,	746.9890			
	Name	of Person		Area C	_	Daytime Telephon	e Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		SS:		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tailahassee, FL 32314			
Enclos	ed is a c	theck for th	ne following am	ount:			
<b>□ \$</b> 70	).00 Fili	ng Fee	☐ \$78.75 Filir Certificate			78.75 Filing Fee & fertified Copy	\$87.50 Filing Fee, Certificate of Status of 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,

1,	SULTING, INC.		
(Enter name of c	orporation: must include "INCORPORATED." orp.," "Inc.," "Co," or "Corp.")	"COMPANY," "CORPORATION	ē."
(If name unavail:	able in Florida, enter alternate corporate name ad	opted for the purpose of transactin	g business in Florida)
TEXAS 2.	3	0-0998699	
(State or country June 14, 2013	y under the law of which it is incorporated)	(FEI number, if ap	
(Date	of incorporation) 5	(Date of duration, if other	than perpetual)
7	(SEE SECTIONS 607.1501 & 607.150  iy. 104 Suite Forth Worth, The Woodlands, Text  (Principal  Or. Suite 400, Coral Gables, FL, 33134	• •	2019
		address, if different)	\$3.55 PI
8. Name and <u>stree</u> Name:	et address of Florida registered agent: (P.O. EDUARDO LUCCA BIANCHI	Box <u>NOT</u> acceptable)	AUG 29 PM 4: 41
Office Address:	400 University Dr. Suite 400  Coral Gables.		
	(City)	, Florida (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.

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

A. DIRI Thairman:	CTORS  MICHELE LOPEZ GONZALEZ   MICHELE LOPEZ GONZALEZ			
	8350 Ashlane Way, 104 Suite Forth Worth. The Woodlands, Texas, 77382			
-				· · · ·
	man;			
Address:		<del>-</del>		
- Director:	EDUARDO LUCCA BIANCHI 🧹			
	400 University Dr. Suite 400, Coral Gables, FL, 33143			
irector:	MICHELE LOPEZ GONZALEZ	<u> </u>		
	8350 Ashlane Way, 104 Suite Forth Worth, The Woodlands, Texas, 77382	<u> </u>	2019 /	<del>-</del>
. OFFI	4	A SSEE	AUG 29	
	MICHELE LOPEZ GONZALEZ   8350 Ashlane Way, 104 Suite Forth Worth, The Woodlands, Texas, 77382		<u>P#</u> +:	:
		ĐΑ	-	
ce Presi	dem:	<u>.</u>		
ldress:		<u>.                                    </u>		
cretary:	Eduardo Lucca Bianchi 🗸			
	400 University Dr. Suite 400, Coral Gables, FL, 33134	-		
easurer:	Eduardo Lucea Bianchi 🗸			
	400 University Dr. Suite 400, Coral Gables, FL, 33134			
OTE: 1	f necessary, you may attach an addendum to the application listing additional o	officers and/or	directo	ors.
2	= dvando/must			
e true ai	Signature of Director of Officer or or director signing this document (and who is fisted in number 11 above) affind that he or she is aware that false information submitted in a document to the gree felony as provided for in s.817.155, F.S.			
EDU.	ARDO LUCCA BIANCHI			
	(Typed or printed name and capacity of person signing application	on)		

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



# Office of the Secretary of State

### Certificate of Fact

The undersigned, as Deputy Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Mellig Consulting, Inc. (file number 801801733), a Domestic For-Profit Corporation, was filed in this office on June 14, 2013.

It is further certified that the entity status in Texas is in existence.

ZUIY AUG 29 PM

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on July 23, 2019.



Jose A. Esparza Deputy Secretary of State

Fax (512) 463-5709 Dial: 7-1-1 for Relay Services TID: 10264 Document: 902391170003