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(R	Requestor's Name)
(A	address)
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COVER LETTER

	Registration Section Division of Corporations			
SUBJEC	Lula Technologies, Inc			
OCDUL		ne of corporation	- must include suffix	
Dear Sir	or Madam:			
"Certifica	osed "Application by Foreign ate of Existence." or "Certific erenced foreign corporation to	ate of Good Stand	Authorization to Transact Busi ding" and check are submitted as in Florida.	ness in Florida." to register the
Please ret	turn all correspondence conce	erning this matter	to the following:	
Michael V	/ega-Sanz			
		Name of I	Person	
Lula Tech	nologies, Inc			
-		Firm/Com	pany	
5701 Suns	set Drive Suite #130			
		Addre	SS	
South Mia	ami, Florida 33143			70.
		City/State ar	nd Zip code	2021 JUL
michael@	lula.is			
	E-mail add	ress: (to be used for	or future annual report notifica	,
For furthe	er information concerning thi	s matter, please ca	all:	PH 7: 04
Michael V	'ega-Sanz	786 at (219-7368	1 2
1	Name of Person	Area Code	Daytime Telephone N	lumber
R D T 2	TREET/COURIER ADDR Legistration Section Division of Corporations The Centre of Tallahassee 415 N. Monroe Street, Suite Tallahassee, FL 32303		MAILING ADDRE Registration Section Division of Corporat P.O. Box 6327 Tallahassee, FL 323	ions
Please mal	is a check for the following a ke check payable to: FLORIDA) Filing Fee	DEPARTMENT	\$78.75 Filing Fee & S Sertified Copy	\$87.50 Filing Fee, Certificate of Status & Certified Copy

APPÉICATION 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.

Lula Technologies, Inc.

under the law of which it is incorporated.

(If name unavail	able in Florida, enter alternate corporate name add	ppted for the purpose of transactin	g business in Florida)		
Delaware	3 81-2662124				
(State or country under the law of which it is incorporated)		(FEI number, if applicable)			
05/11/2016					
(Date of incorporation) 5.		(Date of duration, if other than perpetual)			
September 2019					
	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502		tul		
5701 Sunset Driv	e. South Miami, Fl 33143	, 1.5., to determine penalty habin	(y)		
	(Principal office	etraat addrace)			
	(Current mailing a	ddress, if different)			
Name and street	et address of Florida registered agent: (P.O. I Michael Vega-Sanz	ddress, if different)	2021 JUI		
	et address of Florida registered agent: (P.O. I Michael Vega-Sanz 5701 Sunset Drive	ddress, if different) Box <u>NOT</u> acceptable)	2021 JUL 14		
Name:	et address of Florida registered agent: (P.O. I Michael Vega-Sanz 5701 Sunset Drive South Miami	ddress, if different) Box NOT acceptable) , Florida 33143	2021 JUL 14 PK		
Name:	et address of Florida registered agent: (P.O. I Michael Vega-Sanz 5701 Sunset Drive	ddress, if different) Box <u>NOT</u> acceptable)	2021 JUL 14 PH 7: U4		

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

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

a. dikectors	4 9 4			
	Name:	□Chairman	Name:	
□Vice Chairman	Address: 12420 SW 64th St	□Vice Chairman	Address:	
☐Director	Miami, FL 33183	Director		
■ President		□President		
□Vice President		□Vice President		
☐ Secretary	□Treasurer	□Secretary		□Treasurer
Other	□Other	Other		Other
□Chairman	Name:	□ Chairman	Name:	
□Vice Chairman	Address:	□Vice Chairman	Address:	
□Director		Director		
□President		□President		
□Vice President		□Vice President		
□Secretary	□Treasurer	☐ Secretary		☐Treasurer
Other	Other	□Other		Other
□Chairman	Name:	□Chairman	Name:	2021 JUL 1503
	Address:	□Vice Chairman	Address:	
Director		□Director		P 7
□President		□President		med ö
		□Vice President		·
☐ Secretary	□Treasurer	Secretary		□Treasurer
Other	Other	Other		□Other
individuals may b	Use an attachment to report more than six (6). The at see added to the index when filing your Florida Departs Michael Vega-Sanz Signature of Director	nent of State Affidar	Report forms	
	Signature of Director			

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 of 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. Michael Vega-Sanz

Page 1



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "LULA TECHNOLOGIES, 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 TWENTY-EIGHTH DAY OF JUNE, A.D. 2021.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "LULA TECHNOLOGIES, INC." WAS INCORPORATED ON THE ELEVENTH DAY OF MAY, A.D. 2016.

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

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

Authentication: 203548608

Jeffrey W. Bulleck, Secretary of State

Date: 06-28-21