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DATE: 11/06/2024

NAME: LABORATORIO DI LUSSO INC.

TYPE OF FILING: APPLICATION

COST: 70.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

**AUTHORIZATION: ABBIE/PAUL HODGE** 

## COVER LETTER

TO:	Registration So Division of Co					
SUBJ	ECT: LABOR.	ATORIO DI LUSSO	INC			
0000	<b></b>	Name o	of corporation	- must	include suffix	
Dear S	Sir or Madam:					
"Certi	ficate of Existence		of Good Stan	ding" a	nd check are sub	ct Business in Florida," omitted to register the
Please	return all corres	pondence concerni	ng this matter	to the f	following:	
Soo Jii	n Isicoff, esq.					
			Name of	Person		
Lewis	Brisbois Bisgaard	& Smith LLP				
			Firm/Com	pany	·	
110 SI	E 6th Street, Suite	2600				
			Addre	ess		
Fort L	auderdale, FL 3330	<b>)</b> 1				
			City/State a	nd Zip o	code	
Soojin	.isicoff@lewisbris					
		E-mail address	: (to be used f	or futur	e annual report r	notification)
For fu	rther information	concerning this m	atter, please c	all:		
Soo Jii	n Isicoff, esq.		at (	828-	-0368	
	Name of Perso		Area Cod		Daytime Telep	hone Number
	Registration Se Division of Co The Centre of	rporations Fallahassec oe Street, Suite 810			MAILING A Registration S Division of Co P.O. Box 632 Tallahassee, F	Section orporations 7
Please		the following amole to: FLORIDA DE  \$78.75 Filing Certificate of	EPARTMENT g Fee & [	3 \$78.7	ATE 5 Filing Fee & ied Copy	☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

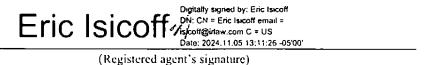
# APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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.

	orporation; must include "INCORPORATED," orp," "Inc," "Co," or "Corp.")	COMPANY," "CORPORATIO	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
(If name unavail	able in Florida, enter alternate corporate name ad	opted for the purpose of transacti	ing business in Florida)
Delaware	3		
(State or count	y under the law of which it is incorporated)	(FEI number, if a	pplicable)
7/22/2024			
(Date	s of incorporation) 5	(Date of duration, if other	r than perpetual)
OUT Bricken Key	Drive, Suite 750, Miami, FL 33131		
	(Principal office	street address)	
		street address) address, if different)	202
	(Current mailing et address of Florida registered agent: (P.O.	address, if different)	2024 NOV -
Name:	(Current mailing	address, if different)	7024 NOV - 40 PM
	(Current mailing et address of Florida registered agent: (P.O. Eric Isicoff	address, if different)	7024 NOV - 4 PH 3: 53

### 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.



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.

#### A. DIRECTORS Jordan Danieli □ Chairman Name: Name: □ Chairman 601 Brickell Key Drive, Suite 750 □Vice Chairman Address: Address: □Vice Chairman Miami, FL 33131 □ Director Director President □ President ☐ Vice President \_\_ ☐ Vice President □ Secretary □ Treasurer □Treasurer ☐ Secretary Other \_\_\_\_ □Other \_\_\_\_\_ □Other \_\_\_\_ □Other \_\_\_\_\_ Name: \_\_\_\_\_ □Chairman Name: □ Chairman □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: □Vice Chairman Address: \_\_\_\_\_\_ ☐ Vice Chairman Address: ☐ Director Director □ President □President □Vice President \_\_\_\_\_ □Vice President ☐ Secretary ☐ Treasurer ☐ Secretary ☐Treasurer □Other \_\_\_\_\_ □Other \_\_\_\_\_ □Other \_\_\_\_\_ Other \_\_\_\_ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form. Jordan Daniel Charles Consultation Course Description Consultation Course Description Consultation Course C Signature of Director or Officer 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 or 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. Jordan Danieli, President/CEO

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

Page 1

# Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "LABORATORIO DI LUSSO 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 FIFTH DAY OF NOVEMBER, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "LABORATORIO DI LUSSO INC" WAS INCORPORATED ON THE TWENTY-SECOND DAY OF JULY, A.D. 2024.

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

Authentication: 204800330

Date: 11-05-24