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equestor's Name)		
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☐ WAIT	MAIL	
(Business Entity Name)		
(Document Number)		
_ Certificates	of Status	
Special Instructions to Filing Officer:		
	ddress) ty/State/Zip/Phone WAIT usiness Entity Nan cument Number) Certificates	

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SECRETARY OF STATE
ALLAHASSEE, FLORIDA

OCT 2 9 2013

T. BROWN

COVER LETTER

Division of Corporations		
SUBJECT: WISEUP USA FRANCHSING, LLC		
Name of Foreign Limited Liability Company		
Dear Sir or Madam:		
The enclosed Affidavit by Foreign Limited Liability Company to Change Manager(s) or Managing Member(s) and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
WALTETZ DI LOTTETO Name of Person		
WISEUR USA FIZMA CHIBING LLC Firm/Company		
5950 LAKEHUTST DT, STE 168 Address		
ORLANDO, FL 37819 City/State and Zip Code		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
WALTER DILOTTOTO at (321) 696 91 34		
Name of Person Area Code and Daytime Telephone Number	21	
STREET/COURIER ADDRESS: MAILING ADDRESS:		
Registration Section Registration Section		
Division of Corporations Division of Corporations		
Clifton Building P.O. Box 6327		
2661 Executive Center Circle Tallahassee, Florida 32314		
Tallahassee, Florida 32301		
Enclosed is a check for the following amount:		
□\$25 Filing Fee □ \$30 Filing Fee & □ \$55:00 Filing Fee & □ \$60 Filing Fee,		

Certified Copy

Certificate of Status

Certificate of Status & Certified Copy

TO:

Registration Section

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AFFIDAVIT BY FOREIGN LIMITED LIABILITY COMPANY SECRETARY OF STATE TO CHANGE MANAGER(S) OR MANAGING MEMBER(S)

1. The name of the limited liability company Department of State is: \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	y as it appears on the records of the Florida SA TIZANOHISING, U.C.	
2. This entity was formed under the laws of:	DELAWARE	
3. This entity was authorized to transact bus and its Florida document/registration number	iness in Florida on <u>09/28/2011</u> r is <u>W 11 00000 4869</u> .	
4. The name and address of each manager or managing member is as follows:		
Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:	
MGRM	GUALTIERO DI LORRETO 5950 LAKEMINGT DR STE 169 ORIANDO, FL 32819	
MGRM	JACQUELINE DONADO 5950 LAKEMINET DIZ STE 169 ORILANDO, FL 37819	
40ery	GRED LAWE HUTTET DV STE 109 OCIANDO, FL 37019	
Required Signature: Signature of Manager,	Managing Member or Member	

Filing Fee: \$25