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Office Use Only



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### **COVER LETTER**

	Registration Section Division of Corporations				
SUBJEC	T: Lulus LLC	I			
		Name of Lin	mited Liability Company		_
				ion to Transact Business in Florida ed liability company to transact bus	
Please ret	urn all correspondence co	ncerning this matter to	the following:		
	Luisa Sa	antos			
			Name of Person	· <del>-</del>	-
	Lulus LL	.C			
			Firm/Company		-
	1899 L s	st NW			
	_		Address		-
	Washing	gton DC,			
		Ci	ty/State and Zip Code		-
	łuisasan	tos09@gm	nail.com		
	<del></del>	E-mail address: (to be	used for future annual rep	port notification)	_
For furthe	er information concerning	this matter, please call	:		
	Luisa Santo	S	<sub>at</sub> 202	644-3802	
-	Name of	Contact Person	Area Code	Daytime Telephone Number	_
I I I	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Γallahassee, FL 32314	Div Reg Clif 266	REET ADDRESS: ision of Corporations istration Section from Building 1 Executive Center Cir ahassee, FL 32301	rcle	
	d is a check for the fo □ \$125.00 Filing Fee	llowing amount:  ☐ \$130.00 Filing Fee  Certificate of Status			

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Lulus LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")  Lulus   ce Cream LLC
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C," or "LLC.")
<sub>2.</sub> Washington DC <sub>3.</sub> 464546621
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)
4. October 25, 2014
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
5. 2001 Biscayne boulevard
suite 111, Miami, Florida 33137
(Street Address of Principal Office)
6. 9725 sw 164 st
Miami, Fl 33157  (Mailing Address)
(Mailing Address)
7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:
Luisa Santos, Founder, 9725 sw 164 st Miami, Florida 33157
8. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official
having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not
acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator
must be submitted)
Signature of an authorized person
(In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true 1 am aware that any 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.)
11150 San Lon

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the	ne Limited Liability Co	ompany is:	
Lulus LLC	,		
If unavailable, the	e alternate to be used in	n the state of Florida is:	
Lulus Ice	Cream LLC		
2. The name and	the Florida street addr	ress of the registered agent and office are:	型
l	Ruth Castillo		
_		(Name)	震工
,	9725 sw 164	st	
Florida Street Address (P.O. Box NOT ACCEPTABLE)		₩.2	
1	Miami	<sub>FL</sub> 33157	26 RIVA
-		City/State/Zip	

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, Florida Statutes.

(Signature)

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

Initial File #: L00004869180

### GOVERNMENT OF THE DISTRICT OF COLUMBIA

DEPARTMENT OF CONSUMER AND REGULATORY AFFAIRS CORPORATIONS DIVISION



THIS IS TO CERTIFY that all applicable provisions of the District of Columbia Business Organizations Code (Title 29) have been complied with and accordingly, this CERTIFICATE OF GOOD STANDING is hereby issued to

Lulus L.L.C.

WE FURTHER CERTIFY that the domestic filing entity is formed under the law of the District on 1/15/2014; that all fees, and penalties owed to the District for entity filings collected through the Mayor have been paid and Payment is reflected in the records of the Mayor; The entity's most recent biennial report required by § 29-102.11 has been delivered for filing to the Mayor; and the entity has not been dissolved. This office does not have any information about the entity's business practices and financial standing and this certificate shall not be construed as the entity's endorsement.

IN TESTIMONY WHEREOF I have hereunto set my hand and caused the seal of this office to be affixed as of 10/1/2014 9:28 AM

Business and Professional Licensing Administration

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Vincent C. Gray Mayor

Tracking #: JvmE1G7j

PATRICIA E. GRAYS Superintendent of Corporations

Corporations Division