# MILDERONAY

(Req	uestor's Name)	
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PICK-UP	WAIT MAIL	
(Bus	iness Entity Name)	
(Document Number)		
Certified Copies	Certificates of Status	
Special Instructions to Filing Officer:		
(o4) V	v16-35603	

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MAY 2 0 2016 S. YOUNG



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

May 16, 2016

LUIS GARCIA / ALBI ROBRIGUEZ 1600 PONCE DE LEON BLVD STE 808 CORAL GABLES, FL 33134

SUBJECT: LAUDOX LLC Ref. Number: W16000035603 SECRETARY OF STATE AND A HAY 13 PH 1:49

We have received your document for LAUDOX LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Shelia H Young Regulatory Specialist II

Letter Number: 216A00010307

#### **COVER LETTER**

	egistration Section 'vision of Corporations	
SUBJECT	LAUDOX LLC	
SUDJECI	Name of Limited Liability Company	
	ed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," and check are submitted to register the above referenced foreign limited liability company to transact busin	
Please retu	n all correspondence concerning this matter to the following:	
	Luis Garcia/Albi Rodriguez	
	Name of Person	-
	Laudox LLC	16 MAY 13 PM 1:49
	Firm/Company	
	1600 Ponce de Leon Boulevard, Suite 808	3 P
	Address	64 :1 Hd
	Coral Gables, FL, 33134	64
	City/State and Zip Code	
	lgarcia@globaltrustm.com	
	E-mail address: (to be used for future annual report notification)	
For further	information concerning this matter, please call:	
f.:1	ats Garcia 305 5625416	
	Name of Contact Person Area Code Daytime Telephone Number	
Di Re P.	AILING ADDRESS: vision of Corporations vision of Corporations vision of Corporations vision of Corporations Registration Section O. Box 6327 Clifton Building Ilahassee, FL 32314 Center Circle Tallahassee, FL 32301	
	a check for the following amount:  \$125.00 Filing Fee	

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

IN COMPLIANCE WITH SECTION 605(XX)Z, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA: LAUDOX LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company;" "L.L.C.," or "L.L.C." (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,") 2 Delaware (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) 05/10/2016 (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 16192 Coastal Highway Lewes, Delaware, 19958 (Street Address of Principal Office) 16192 Coastal Highway Lewes, Delaware, 19958 (Mailing Address) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Albi Rodriguez Name: 1600 Ponce de Leon Boulevard, Suite 808 Office Address: Florida 33134 (Zip code) Coral Gables (City) Registered agent's acceptance: 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 application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to complywith 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. 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Albi Rodriguez ~ mac Maria T Vidal Gustavo Smith 9. Attached is a 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. (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 This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I 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. Albi Rodriguez

Typed or printed name of signee

Page 1

## Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "LAUDOX LLC" IS DULY FORMED UNDER THE

LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A

LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF

THE TWENTIETH DAY OF MAY, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "LAUDOX LLC" WAS FORMED ON THE FIRST DAY OF APRIL, A.D. 2016.

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

TAN MAY 13 DM 1: LQ

SECRETARY OF STATE



6005630 8300 SR# 20163493495 Authentication: 202354890

Date: 05-20-16