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(Req	uestor's Name)					
(Add	ress)					
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2016 JUN 28 AM II: 05
SECRETARY OF STATE
ALLAHASSEF, FINALE

K.SALY EXAMINER JUN 29

COVER LETTER

TO:

Registration Section

Div	ision of Corporation	s						
SUBJECT:	Luladrian, LLC							
~	Name of Limited Liability Company							
					nsact Business in Florida," Cer company to transact business			
Please return	all correspondence c	oncerning this matter to the f	ollowing:					
	Kristy E. Arma	da, Esq.						
		Na	me of Person					
	Hackleman, Oli	ve & Judd, P.A.						
	Firm/Company							
	2426 East Las (Olas Boulevard						
	Address							
	Fort Lauderdale	Fort Lauderdale, Florida 33301						
		City/St	ate and Zip Code					
	karmada@hojlaw	.com						
		E-mail address: (to be used	for future annual re	port noti	fication)			
For further in	nformation concerning	g this matter, please call:						
Kri	isty Armada			334-225				
	Name o	f Contact Person	Area Code	Dayı	time Telephone Number			
Div Reg P.C	AILING ADDRESS: vision of Corporations gistration Section b. Box 6327 lahassee, FL 32314		D R C 2	Division d Registrati Clifton Bu 661 Exe	ADDRESS: of Corporations on Section uilding cutive Center Circle ee, FL 32301			
	a check for the follow \$125.00 Filing Fee	ing amount: ☐ \$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Certified Copy	Fee &	☐ \$160.00 Filing Fee, Certif of Status & Certified Copy	ĭcate		

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:

Luladrian, LLC			
(Name of Fore	ign Limited Liability Company; must include "	Limited Liability Company," "L.L.C.," or "	LLC.")
Liability Company," "L.L.C,"	ternate name adopted for the purpose of transac or "LLC.")	ting business in Florida. The alternate name	: must include "Limited
2. Pennslyvania	3. 27	-4304236	***
(Jurisdiction under the law company is organized)	of which foreign limited liability	(FEI number, if applicable)	
4	(Date first transacted business in Floric (See sections 605.0904 & 605.0905, F.S.	da, if prior to registration.) to determine penalty liability)	
5. 1516 Sheffield Lane			3
Wynnewood, PA 1909	6		5 -
	(Street Address of Principal O	ffice)	
6. 1516 Sheffield Lane			TALLAHASSEE
Wynnewood PA 19096	元 · · · · · · · · · · · · · · · · · · ·		
**************************************	(Mailing Address)		55
7. Name and street addres	s of Florida registered agent: (P.O. Box 1	NOT_acceptable)	35 6
Name:	Hackleman, Olive & Judd, P.A.	1.2*	
Office Address:	2426 East Las Olas Boulevard		
	Fort Lauderdale	, Florida 33301 (Zip code)	
	(City)	(Zip code)	
designated in this applicato complywith the provision	gistered agent and to accept service of pro tion, I hereby accept the appointment as r ons of all statutes relative to the proper an my position as registered agent.	egistered agent and agree to act in this	s capacity. I further agree
8. The name, title or capa	acity and address of the person(s) who has/		
Adrian Senderowicz, Mar	naging Member, 7 Park Avenue, Unit 1, Sc	omerville MA 02144	
Maria Lourdes Villalba, N	Managing Member, 7 Park Avenue, Unit 1,	Somerville MA 02144	
	of existence, no more than 90 days old, du of which it is organized. (If the certificate lubmitted)		

FILED
2016 JUN 28 AM II: 05
TALLAHASSEE. FLORIOL

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF STATE

06/23/2016

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

Iuladrian LLC

is duly registered as a Pennsylvania Limited Liability Company under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written

Secretary of the Commonwealth

Certification Number: TSC160623080140-1

Verify this certificate online at http://www.corporations.pa.gov/orders/verify.aspx