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J. HARRIS

COVER LETTER

	istration Section ision of Corporation	s				
CHRIPOT.	LUGO INVESTME	NTS LLC				
SUBJECT:	-	Name of L	imited Liability C	ompany		
The enclosed Existence, ar	l "Application by Fore ad check are submitted	eign Limited Liability Compa I to register the above refere	any for Authorizat nced foreign limit	ion to Tra ed liability	nsact Business in Florida," C company to transact busines	ertificate of s in Florida
Please return	all correspondence co	oncerning this matter to the f	following:			
	JOHANA GIRA	ALDO				
		Na	me of Person	_		
	GUZMAN & GUZMAN, P.A.					
		Fir	m/Company			
	9130 S DADEL	AND BLVD SUITE 1509				
			Address			
	MIAMI, FLOR	IDA 33156				
		City/St	ate and Zip Code			
	JGIRALDO@GU	JZMANANDGUZMAN.CO				
		E-mail address: (to be used	for future annual	report not	ification)	
For further i	nformation concerning	g this matter, please call:				
JO	HANA GIRALDO		305 at (670-199)1	
	Name o	f Contact Person	Area Code	Day	time Telephone Number	
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314		STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301				
	a check for the follow \$125.00 Filing Fee	ing amount: ■ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filir Certified Copy	ng Fee &	☐ \$160.00 Filing Fee. Cert of Status & Certified Copy	



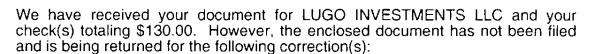
FLORIDA DEPARTMENT OF STATE Division of Corporations

February 6, 2017

JOHANA GIRALDO GUZMAN & GUZMAN, PA 9130 S DADELAND BLVD SUITE 1509 MIAMI, FL 33156

SUBJECT: LUGO INVESTMENTS LLC

Ref. Number: W17000010688



The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.", also are no longer acceptable.

The document number of the name conflict is P04000042935.

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.

Jenna D Harris Regulatory Specialist II

Letter Number: 417A00002367

17 FEB 17 PM 2: 53

MILES T PM 12:23

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

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

LUGO INVESTMENT			
(Name of For	eign Limited Liability Company; must include "	Limited Liability Company," "L.L.C.," or '	'LLC.")
LUGO INVESTME	NTS FL LLC		
Liability Company," "L.L.C,	Iternate name adopted for the purpose of transac " or "LI.C.")	ting business in Florida. The alternate nam	e must include "Limited
_{2.} DELAWARE	3. 32-	-0459500	
(Jurisdiction under the law company is organized)	of which foreign limited liability	(FEI number, if applicable)	
4. <u> </u>	(Date first transacted business in Florid	a if prive to engistration	
	(See sections 605.0904 & 605.0905, F.S.	to determine penalty liability)	
5. 785 CRANDON BLV	D, UNIT 304		_
KEY BISCAYNE, FL	33149		
	(Street Address of Principal O	ffice)	. 7 F
6. 785 CRANDON BLVI	D, UNIT 304		833 - E
KEY BISCAYNE, FL	33149		
	(Mailing Address)		P MOD
7. Name and street addres	ss of Florida registered agent: (P.O. Box N	OT acceptable)	₽
Name:	GUZMAN & GUZMAN, P.A.	. ,	න මූ
Office Address:	9130 S DADELAND BLVD, SUITE 150	9	
	MIAMI	, Florida 33156	
Registered agent's accep	(City)	(Zip code)	*
designated in this applica to complywith the provisi	egistered agent and to accept service of pro tion, I hereby accept the appointment as r ions of all statutes relative to the proper an my position as registered agent.	egistered agent and agree to act in thi d complete performance of my duties,	is capacity. I further agree
	(Registered ment	Signature)	
8. The name, title or cap	acity and address of the person(s) who has/l	nave authority to manage is/are:	
	ETA - MANAGER- 785 CRANDON BLVI		3149
			
	of existence, no more than 90 days old, du' of which it is organized. (If the certificate is ubmitted)	s in a foreign language, a translation of	
This document is august-	<u> </u>	-	u falas informacion
rms document is executed	d in accordance with section 605.0203 (1) (b	o), raorida Statutes. I am aware that any	/ raise information

Typed or printed name of signee

submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

DOLORES URDAPILLETA

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "LUGO INVESTMENTS 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 TWENTY-FOURTH DAY OF JANUARY, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "LUGO INVESTMENTS LLC" WAS FORMED ON THE SIXTH DAY OF FEBRUARY, A.D. 2015.

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

You may verify this certificate of

5688724 8300

SR# 20170408676

Authentication: 201920710

Date: 01-24-17