

M18000006272

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

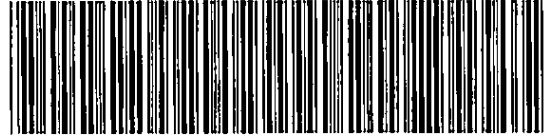
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: "LUCA HOLDINGS LLC" TRANSACTING IN  
"FLORIDA AS LUCA HOLDINGS FLORIDA LLC"  
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

ROBERT J. LUCA

Name of Person

LUCA HOLDINGS LLC

Firm/Company

1000 GIROD ST. APT. 210

Address

NEW ORLEANS, LA. 70113

City/State and Zip Code

lucaholdings1@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ROBERT J. LUCA at (615) 491-8050

Name of Contact Person

Area Code

Daytime 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

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &  
Certificate of Status

☐ \$155.00 Filing Fee &  
Certified Copy

☒ \$160.00 Filing Fee, Certificate  
of Status & Certified Copy

**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. THE CURRENT NAME IS UNAVAILABLE  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

LUCA HOLDINGS FLORIDA 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.")

2. LOUISIANA 3. 82-4740190  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. WE HAVE NOT YET TRANSACTED BUSINESS IN FLORIDA  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 1000 GIROD ST. 6. 1000 GIROD ST.  
(Street Address of Principal Office) (Mailing Address)  
APT. 210 APT. 210  
NEW ORLEANS, LA. 70113 NEW ORLEANS, LA. 70113

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: ROBERT J. LUCA

Office Address: 2384 SCENIC GULF DR. #208  
MIRAMAR BEACH, Florida 32550  
(City) (Zip code)

**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 comply with 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.

  
(Registered agent's signature)

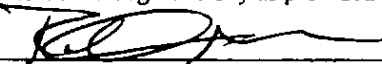
8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<u>OWNER</u>	<u>ROBERT J. LUCA</u> <u>1000 GIROD ST. APT. 210</u> <u>NEW ORLEANS, LA. 70113</u>		
<u>OWNER</u>	<u>ANNE E. LUCA</u> <u>1000 GIROD ST. APT. 210</u> <u>NEW ORLEANS, LA 70113</u>		

(Use attachments if necessary)

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)

10. 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.

  
Signature of an authorized person

ROBERT J. LUCA  
Typed or printed name of signer

2018 JUL -2 AM 9:15  
DEPT. OF STATE  
TALLAHASSEE, FLORIDA

**FILED**



**R. Kyle Ardoin**  
SECRETARY OF STATE

*As Secretary of State of the State of Louisiana I do hereby Certify that*  
the Articles of Organization of

**LUCA HOLDINGS LLC**

Domiciled at NEW ORLEANS, LOUISIANA,

Were filed in this Office and a Certificate of Organization was issued on March 12, 2018,

I further certify that no Certificate of Dissolution or Termination has been issued.

In testimony whereof, I have hereunto set my hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on,

June 27, 2018

*Secretary of State*

Web 42985233K



Certificate ID: 10968031#2NJ62

To validate this certificate, visit the following web site,  
go to **Business Services, Search for Louisiana  
Business Filings, Validate a Certificate**, then follow  
the instructions displayed.  
**[www.sos.la.gov](http://www.sos.la.gov)**