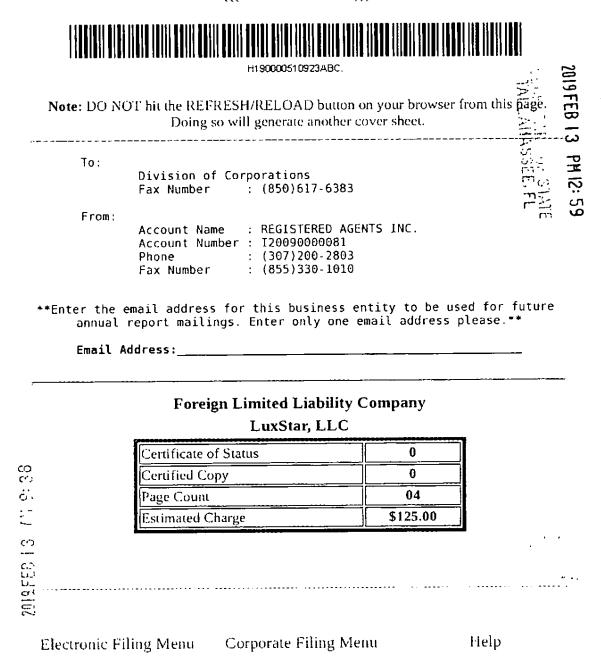
**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H190000510923)))



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

IN COMPLIANCE WITH SECTION 605,0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY OF A PARTY TO TRANSACT BY INVENSE IN THE STATE OF FLORIDA.

AMBR  AMBR  (Use attachments if necessity): Attached is a certificate jurisdiction under the law of the translator must be set 10. This document is executed in the second control of the translator must be set to the second control of the translator must be set to the second control of the translator must be set to the second control of the translator must be set to the second control of the se	e of existence, no more than 90 days of of which it is organized. (If the certification in accordance with section 605.0 to the Department of State constitutes a	old, duly authenticated by the official licate is in a foreign language, a transleticate (1) (b). Florida Statutes, I am away	ntion of the certificate under oath
AMBR  AMBR  (Use attachments if necessity): Attached is a certificate jurisdiction under the law of the translator must be set 10. This document is executed in the second control of the translator must be set to the second control of the translator must be set to the second control of the translator must be set to the second control of the translator must be set to the second control of the se	Name and Address:  Luis Leon  750; 4th 5; N 5TE 300  St. Petersburg, FL 33702  Maria Leon  7501 4th 5; N 5TE 300  St. Petersburg, FL 33702  ssary)  e of existence, no more than 90 days of which it is organized. (If the certification in accordance with section 605.0 to the Department of State constitutes a	Sid, duly authenticated by the official hicrate is in a foreign language, a translation (1) (b). Florida Statutes. I am awas third degree felony as provided for in	naving custody of records in the ation of the certificate under oath
Title or Capacity:  AMBR  AMBR  (Use attachments if necessary). Attached is a certificate jurisdiction under the law	Name and Address:  Luis Leon  7501 4th 5th STE 300  St. Petersburg, FL 33702  Maria Leon  7501 4th 5th STE 300  St. Petersburg, FL 33702  ssary)  e of existence, no more than 90 days of of which it is organized. (If the certification of the control of the certification of the certi	Title or Capacity:	naving custody of records in the
Title or Capacity:  AMBR  AMBR  (Use attachments if necessary)	Name and Address:  Luis Leon  7501, 4th S; N STE 300 SI, Petersburg, FL 33702  Maria Leon  7901, 4th S; N STE 300 SI, Petersburg, FL 33702  SSARY)	Title or Capacity:	
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Title or Capacity: AMBR	Name and Address: Luis Leon 7501, 419 St N STE 300 St. Petersburg, FL 33702	Title or Capacity:	Name and Address:
Title or Capacity:	Name and Address: Luis Leon 7501, 4th S; N STE 300	Title or Capacity:	Name and Address:
Title or Capacity:	Name and Address: Luis Leon	Title or Capacity:	Name and Address:
Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
S. The name title or can	acity and address of the nerson(s) who		
Having been named as red designated in this applica- to comply with the provis	otance: egistered agent and to accept service ation, I hereby accept the appointmentions of all statutes relative to the project of my position as registered agent.    Project	nt as registered agent and agree to ac per and complete performance of my	rt in this capacity. I juriner agre
Registered agent's accep	(City)		ه ک <del>ر</del> کو
	St. Petersburg	Florida 33702	PHI2: 5
Office Address:	7901 4th St N STE 300		Sign of T
Name:	Registered Agents Inc.	. ,	
7. Name and street addres	ss of Florida registered agent: (P.O. E	Box <u>NOT</u> acceptable)	2019 FEB 1
St. Petersburg FL	. 33702	St. Petersburg FL 3	3702
STE 300		STE 300	
5. 7901 4th St N (Street Address of)	Principal Office)	6. 7901 4th St N	dreis)
	(Date first transacted business in Florids, if prio (See sections 605 0904 & 605 0905, F.S. to det	termine penalty hability)	
4			
(Mulanktion most die ma of a	hich foreign limited liability company is organized)		iber, it applicable)
2. VV yOTHING		<sub>3.</sub> 46-0630394	ability Company," "E. L. G.," or "LLC.")
<sub>2.</sub> Wyoming	ame adopted for the purpose of transacting business in	i Florida. The ilternate name must include "Limited Lii	
<sub>2.</sub> Wyoming	sime adopted for the purpose of transacting business in	a Florada. The alternate name mass include "Limited Li	
(It name unavnilable, enter alternate u	Limited Liability Company, must include "Lin		

## STATE OF WYOMING Office of the Secretary of State

I, EDWARD A. BUCHANAN, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

## LuxStar, LLC

is a

## **Limited Liability Company**

formed or qualified under the laws of Wyoming did on **July 13, 2012**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2012-000625752**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 13th day of February, 2019 at 7:20 AM. This certificate is assigned 029858436.

Secretary of State

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website http://wyobiz.wy.gov and following the instructions displayed under Validate Certificate.