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SEURETARY OF STATE ALLAHASSEE, FLORIDA

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## COVER LETTER

Divisio	ion of Corporations	
SUBJECT: _	HOLUPU, LLC Name of Limited Liability Company	
	Name of Limited Liability Company	
	Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certific check are submitted to register the above referenced foreign limited liability company to transact business in Fl	
Please return al	Il correspondence concerning this matter to the following:	
	Carlos Gii	
	Name of Person	
	Firm/Company	
	3910 W. FLAGLER STREET	•
	mismi El 33/34	
	City/State and Zip Code	
	City/State and Zip Code  CARLOS @ CARLOS A GILPA. com  E-mail address: (to be used for future annual report notification)	
For further info	*·	
	Primation concerning this matter, please call:  Area Code  Area Code  Daytime Telephone Number	
	ING ADDRESS: STREET ADDRESS:	
	on of Corporations Division of Corporations tration Section Registration Section	
	Box 6327 Clifton Building tassee, Fl. 32314 2661 Executive Center Circle Tallahassee, Fl. 32301	
	sed is a check for the following amount: make check payable to: FLORIDA DEPARTMENT OF STATE	
<b>⊡</b> ∕sı	125.00 Filing Fee S130.00 Filing Fee & S155.00 Filing Fee & S160.00 Filing Fee, Certified Copy of Status & Certified Co	

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

	Limited Liability Company: must include				
unavailable, enter alternate na	me adopted for the purpose of transacting busin	ness in Florida. The alternate i	ame must include "Limited	Liability Company," "L.L.C," o	r "LI C.")
ansdiction under the law of wh	XAS  ch foreign-inited liability company is organize	3		number, if applicable)	<del></del>
	(Date first transacted business in Florida, 1 (See sections 605,0904 & 605,0905, F.S.	27,2	018		
	_			Δ α	
2422   (Street Address of P	VN 87 PLACE	6	2422 x	IN 87 PLAN	16
> ORA Ly F	L 33172		DORAL,	FL 33171	2_
				7.5. 19	
me and street addres	of Florida registered agent: (P.G	O. Box <u>NOT</u> accept	able)	APR CRET AHA	स
Name:	MAGALi	GARCIA	<del>}</del>	-3 AI ARY OF SSEE,	
Office Address:	2422 NW			AMII: 29 OF STATE S. FLORIDA	<u>ම</u>
	DORAL			· 📉	
	(Cny)		(Žīp	code)	

and accept the obligations of my position as registered agent.

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:						
Manager	Name: MAGALI GARCIA	Manager	Name:						
☐Member	Address: 2422 NW B7 PLACE	Member	Address:						
Authorized	DORAL, FL 33172	Authorized							
Person		Person							
Other	Other	Other	Other						
Manager	Name:	Manager	Name:						
Member	Address:	Member	Address:						
Authorized		Authorized	19 EC						
Person		Person	PR TI						
Other	Other	Other	Sign is						
☐Manager	Name:	☐ Manager	AMII-29 OF STATE Name: Name:						
Member	Address:	Member	Address:						
Authorized		Authorized							
Person		Person							
Other	Other	Other	Other						
Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.  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  MAGALI GARCIA  Typed or printed name of signee									
Lyped or printed name of signee									

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



David Whitley Secretary of State

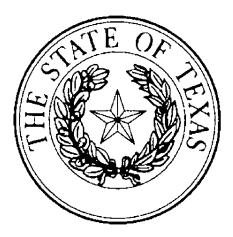
# Office of the Secretary of State

### **Certificate of Fact**

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Holupu, LLC (file number 803106236), a Domestic Limited Liability Company (LLC), was filed in this office on August 27, 2018.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on March 26, 2019.



Phone: (512) 463-5555

Prepared by: SOS-WEB

David Whitley Secretary of State

ŤID; 10264

Dial: 7-1-1 for Relay Services Document: 877234680002