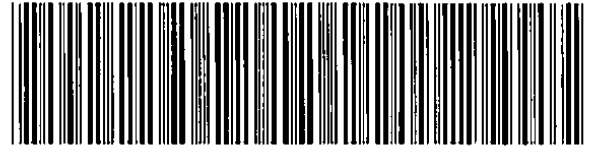


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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

File 2nd

Office Use Only

FILED
2019 JUN -3 A 4:00
Mallory Scott

19 JUN -3 PM 4:27
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

D SCOTT
JUN 27 2019



FILE 2ND

FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 4, 2019

CSC

SUBJECT: ARIEL LOPEZ HOLDINGS, LLC
Ref. Number: W19000053360

RESUBMIT

Please give original
submission date as file date.

FILED

We have received your document for ARIEL LOPEZ HOLDINGS, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Application can't be filed until Articles of conversion is filed.

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.

Dionne M Scott
Regulatory Specialist II

Letter Number: 419A00011069

19 JUN 26 PM 2:42

RECEIVED
DIVISION OF CORPORATIONS

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 785869 7950399
AUTHORIZATION : *[Signature]*
COST LIMIT : \$ 125.00

TALLAHASSEE, FLORIDA

2019 JUN -3 A 10 20

FILED

ORDER DATE : May 30, 2019
ORDER TIME : 3:29 PM
ORDER NO. : 785869-025
CUSTOMER NO: 7950399

FOREIGN FILINGS

NAME: ARIEL LOPEZ HOLDINGS LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Lydia Cohen -- EXT# 62974

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ARIEL LOPEZ HOLDINGS, 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:

Vivian Pou
Name of Person

Jorge M. Vigil, P.A.
Firm/Company

265 Sevilla Avenue
Address

Coral Gables, FL 33134
City/State and Zip Code

vivian@jvigillaw.com
E-mail address: (to be used for future annual report notification)

TALLAHASSEE, FLORIDA

2010 JUN -3 A 10 20

FILED

For further information concerning this matter, please call:

Vivian Pou at (786) 497-4450
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:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

- \$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. ARIEL LOPEZ HOLDINGS LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "LLC.")

(If none available, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "LLC.")

2. Delaware
(Jurisdiction under the law of which foreign limited liability company is organized)

3. _____
(FEI number, if applicable)

4. May 28, 2019
(Date first transacted business in Florida, if prior to registration,)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 7959 W 28 AVE
(Street Address of Principal Office)

6. 7959 W 28 AVE
(Mailing Address)

HIALEAH, FL 33016

HIALEAH, FL 33016


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

Name: JORGE ARIEL LOPEZ

Office Address: 7959 W 28 AVE

HIALEAH, Florida 33016
(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)

FILED IN FLORIDA

2019 MAY 3 A 11:20

FILED

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:**

Manager Name: JORGE ARIEL LOPEZ

Member Address: 7959 W 28 AVE

Authorized HIALEAH, FL 33016

Person _____

Other _____ Other _____

Manager Name: _____

Member Address: _____

Authorized _____

Person _____

Other _____ Other _____

Manager Name: _____

Member Address: _____

Authorized _____

Person _____

Other _____ Other _____

Title or Capacity: **Name and Address:**

Manager Name: _____

Member Address: _____

Authorized _____

Person _____

Other _____ Other _____

Manager Name: _____

Member Address: _____

Authorized _____

Person _____

Other _____ Other _____

Manager Name: _____

Member Address: _____

Authorized _____

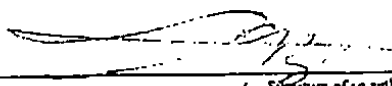
Person _____

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

Jorge A Lopez

 Typed or printed name of signer

FILED
 2011
 -3
 APR 14 2011
 HALL COUNTY, FLORIDA
 CLERK OF COUNTY

Delaware

The First State


I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ARIEL LOPEZ HOLDINGS 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 THIRTIETH DAY OF MAY, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ARIEL LOPEZ HOLDINGS LLC" WAS FORMED ON THE SEVENTEENTH DAY OF APRIL, A.D. 2019.

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

2019
- 3 A - 20
SECRETARY OF STATE
DELAWARE




Jeffrey W. Bullock, Secretary of State

7378644 8300

SR# 20194936156

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202927351

Date: 05-30-19