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COVER LETTER

TO:

Registration Section Division of Corporations

Calles days ye	Inca Holdings, LLC						
SUBJECT:		Name of	Limited Liability	Company	<u> </u>	_	
		reign Limited Liability Com d to register the above refer					
Please return	all correspondence	concerning this matter to the	following:				
	Carlos Tramon	tana					
		. N	ame of Person			_	
	Inca Holdings.	LLC					
		F	irm/Company			_	
	5668 Fishhawk	Crossing Blvd. Suite #197			, •	23	
			Address) 15 O	_
	Lithia, Florida,	33547			77.7° 2- 17.72°	19 OCT 1:) •
		City/S	state and Zip Code	:	<u> </u>	Ci 	
	carlos@lyfemedi	i.com			E GE	44 IO: 00	
		E-mail address: (to be use	d for future annua	report notification)	<u> </u>	00	
For further i	nformation concernin	g this matter, please call:					
Car	rlos Tramontana		813 at (421-1661			
	Name o	of Contact Person	Area Code	Daytime Telephor	ie Number	_	
Div Reg P.O	AILING ADDRESS: ession of Corporations gistration Section D. Box 6327 lahassee, FL 32314		,	STREET ADDRESS: Division of Corporation Registration Section Clifton Building 2661 Executive Center Tallahassee, FL 32301			
	a check for the follow \$125.00 Filing Fee	ring amount: S130.00 Filing Fee & Certificate of Status	□ \$155.00 Fili Certified Copy				rate

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:

Inca Hole			
一十りくな 甘めに	Limited Liability Company; must include "Li	nited Liability Company," "L.L.C.," or "LLC,")	
	dings Florida, L	13 d h a san a mahala "I matad Lar	hibs Company ""1 1 (" or "11 (' ")
		Florida. The alternate name must include "Limited Lia	
2. Dover (Kent County), D	claware ich foreign hmited hability company is organizedi	3. <u>83 - 14654</u>	er, it applicable)
Controperation under the 12% of with	-		
4	(Date first transacted business in Florida, if pric (See sections 605 0904 & 605,0905, F.S. to de		
	(Date first transacted business in Florida, if pri (See sections 605 0904 & 605,0905, F.S. to de	or to registration.) termine penalty liability)	
5. 5668 Fishhawk Crossin	g Blvd. Suite #197	6. 5668 Fishhawk Crossing B	lvd. Suite #197
(Street Address of P	nneipal Office)	(Mailing Add Lithia, Florida, 33547	(ms) (2) (8)
Lithia, Florida, 33547	<u> </u>	Lithia, Piorida, 35347	
 _			<u> </u>
7. Name and street addres	<u>s</u> of Florida registered agent: (P.O. I	30x NOT acceptable)	AM IO: OG
Name	Carlos Tramantan		
avame.			<u> </u>
Office Address:	Carlos Tramantan 5668 Fishhawk Crossin	15 Blvd #197	
	lihia	Florida	(7
	(City)	(Zip coa	ie)
Registered agent's accep	tance:		
Having been named as re	gistered agent and to accept service	of process for the above stated limited	in this company is the place
designated in this applica	tion. I hereby accept the appointme.	nt as registered agent and agree to act	in this cupacity. Thermer agree
to comply with the provisi			during and I am familiar with
the Company of the Company	ons of all statutes retained to the pro	per and complete performance of my	duties, and I am familiar with
and accept the obligation:	s of my position as registered agent.	per and complete performance of my	duties, and I am familiar with
and accept the obligation:	s of my position as registered agent.		duties, and I am familiar with
and accept the obligation:	s of my position as registered agent.	oper and complete performance of my	duties, and I am familiar with
and accept the obligation:	s of my position as registered agent. (Registered ag	ent's signature) o has/have authority to manage is/are:	duties, and I am familiar with
and accept the obligation:	s of my position as registered agent. (Registered ag		Mame and Address:
and accept the obligation: t 8. The name, title or capa	(Registered agent. (Registered agent) (Registered agent) (Registered agent) (Registered agent) (Registered agent)	o has/have authority to manage is/are: Title or Capacity:	duties, and I am familiar with
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Typed or printed name of signee

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "INCA HOLDING 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 OCTOBER, A.D. 2019.

7001103 8300

SR# 20197815695

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

Jeffrey W Business, Secretary of State

Authentication: 203903958

Date: 10-30-19