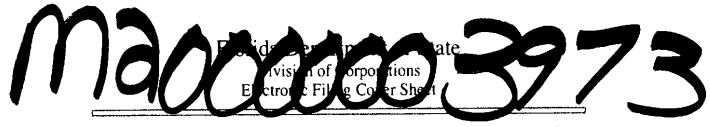
Division of Corporations



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Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 : (561)694-8107 Phone

: (561)694-1639 Fax Number

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Foreign Limited Liability Company Guerrera de la Luz, LLC

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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. Guerrera de la Luz, LLC (Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LEC.") (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Linated Liability Company," "L.L.C." or "LLC.") Delaware (FEI number, it applicable) (Jurisdiction under the law of which foreign anuted liability company is organized) 04/20/2020 (Date first transacted business in Florida, if prior to registration.) (See sections 605,0904 & 605,0905, F.S. to determine penalty liability) 8383 Wilshire Blvd., Ste. 1000 8383 Wilshire Blvd., Ste. 1000 (Mailing Address) (Street Address of Principal Office) Beverly Hills, California 90211 Beverly Hills, California 90211 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) eResidentAgent, Inc. Name: 801 US Highway 1 Office Address: North Palm Beach 47 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 agers's vignature) 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Name and Address: Title or Capacity: Title or Capacity: Name and Address: BENJAMIN TISCHKER Manager 8383 Wilshire Blvd., Ste. 1000 Beverly Hills, California 9021) (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

Erika Easter

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 "GUERRERA DE LA LUZ, 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 TWENTY-FIRST DAY OF APRIL, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "GUERRERA DE LA LUZ, LLC" WAS FORMED ON THE TWENTIETH DAY OF APRIL, A.D. 2020.

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



Authentication: 202804074

Date: 04-21-20

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SR# 20203026679