

M 20000005104

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

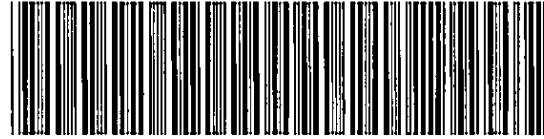
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2020 JUN -2 PM 3:45

SBF
6/8/20

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LCA MANAGERS, 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:

INES MORALES
Name of Person

PAG.LAW PLLC
Firm/Company

600 BRICKELL AVENUE
Address

MIAMI, FL 33131
City/State and Zip Code

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

For further information concerning this matter, please call:

INES MORALES at (786) 292-1599
Name of Contact Person Area Code Daytime Telephone Number

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

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

IN COMPLIANCE WITH SECTION 605.002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

LCA MANAGERS, LLC

1. _____
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. **DELAWARE** 3. _____
(Jurisdiction under the law of which foreign limited liability company is organized) (VAT number, if applicable)

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

5. **c/o PAGLAW PLLC**
(Street Address of Principal Office)

6. **c/o LCA Capital LLC**
(Mailing Address)

600 Brickell Avenue, Suite 1725

654 Madison Avenue, Suite 1001

Miami, FL 33131

New York, NY 10065

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

Name: **CT CORPORATION SYSTEM**

Office Address: **1200 S Pine Island Rd, Suite #250,**

Plantation

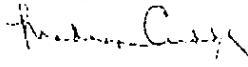
(City)

Florida 33324

(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.



Madonna Cuddihy, Assistant Secretary

(Registered agent's signature)

2020 JUN -2

1:45

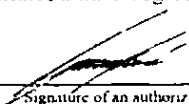
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: <u>Alejandra Laviada Diez Barroso</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Joel Levin</u>
<input checked="" type="checkbox"/> Member	Address: <u>c/o LCA Capital LLC</u>	<input type="checkbox"/> Member	Address: <u>c/o LCA Capital LLC</u>
<input type="checkbox"/> Authorized	<u>654 Madison Avenue, Suite 1001</u>	<input type="checkbox"/> Authorized	<u>654 Madison Avenue, Suite 1001</u>
Person	<u>New York, NY 10065</u>	Person	<u>New York, NY 10065</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Other <u>CEO</u>	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u>Laura Laviada Diez Barroso</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Gabrijela Peic</u>
<input checked="" type="checkbox"/> Member	Address: <u>c/o LCA Capital LLC</u>	<input type="checkbox"/> Member	Address: <u>c/o LCA Capital LLC</u>
<input type="checkbox"/> Authorized	<u>654 Madison Avenue, Suite 1001</u>	<input type="checkbox"/> Authorized	<u>654 Madison Avenue, Suite 1001</u>
Person	<u>New York, NY 10065</u>	Person	<u>New York, NY 10065</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Other <u>President</u>	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u>Claudia Laviada Diez Barroso</u>	<input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: <u>c/o LCA Capital LLC</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>654 Madison Avenue, Suite 1001</u>	<input type="checkbox"/> Authorized	_____
Person	<u>New York, NY 10065</u>	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> 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

Gabrijela Peic

Typed or printed name of signee

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Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "LCA MANAGERS, 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-SEVENTH DAY OF MAY, A.D. 2020.

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7767162 8300

SR# 20204754359

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

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 203002076

Date: 05-27-20