# 30056ë

# Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H200002419013)))



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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : CAPITOL SERVICES, INC.

Account Number : 120160000017 : (855)498-5500 Phone : (800)432~3622 Fax Number

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

## Foreign Limited Liability Company LUGO PROPERTIES, LLC

Certificate of Status	0
Certified Copy	11
Page Count	05
Estimated Charge	\$155.00

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) Navo Slava Favorian	e ID: B4244973-C2A9-4EDA-A3E6-B9E86DC82A84	
Soon zigu Evvelob	# ID: B4244973-C2A9-4EDA-A3EC-B9E00UC62A04	
*		COVER LETTER
	egistration Section ivision of Corporations	
CUDIFCT	Lugo Properties, LLC	
SUBJECT	: Name	of Limited Liability Company
Existence,	ed "Application by Foreign Limited Liability C and check are submitted to register the above re mall correspondence concerning this matter to	company for Authorization to Transact Business in Florida," Certificate of eferenced foreign limited liability company to transact business in Floridate the following:
	Astrid Luna	
		Name of Person
		Firm/Company
	19510 South Coquina Way	
		Address
	Weston, Florida 33332	
	Ci	ty/State and Zip Code
	astridluna@gmail.com	
	E-mail address: (to be	used for future annual report notification)
For further	information concerning this matter, please call	1:
Jo	ohn Dorsey	512 658-3930 at ( )
_	Name of Contact Person	Area Code Daytime Telephone Number
M	Iailing Address:	Street Address:
$\overline{\mathbf{R}}$	egistration Section	Registration Section
	oivision of Corporations	Division of Corporations
	.O. Box 6327	The Centre of Tallahassee
Т	allahassee, FL 32314	2415 N. Monroe Street, Suite 810

Enclosed is a check for the following amount:

Tallahassee, FL 32314

Please make check payable to: FLORIDA DEPARTMENT OF STATE □ \$125.00 Filing Fee □ \$130.00 Filing Fee & □ \$155.00 Filing Fee &

Certificate of Status Certified Copy

Tallahassee, FL 32303

□ \$160.00 Filing Fee, Certificate of Status & Certified Copy DocuSign Envelope ID: B4244973-C2A9-4EDA-A3E6-B9E86DC82A84

# 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 COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	ame adopted for the purpose of transacting business:	in Florida. The alternate pame must include "Limited Liabl	my company, L.E.C. or	LLC. J
l'exas	aich foreign limited liability company is organized)	3. (FEI number,	(Camplinghia)	_
(Jurisdiction under the law of wi	nch foreign limited liability company is organized)	(FE) sumber,	перрилине	
July 21, 2020				
<del></del>	(Date first transacted business in Florida, If pric (See acctions 605.0904 & 605.0905, F.S. to det	e to registration.) termine penalty liability)		
19510 South Coquina	Way	6. (Mailing Address)		
t Address of Principal Office)		(Mailing Address)		_
Weston, Florida 33332		Weston, Florida 33332		
				_
			2 2	_
Name and street address	s of Florida registered agent: (P.O. 1	Box NOT acceptable)	10 10 10 10 10 10 10 10 10 10 10 10 10 1	-
Name and <u>street addres</u>	s of Florida registered agent: (P.O. 1	Box NOT acceptable)	* *	- ,, - - - -
Name and <u>street addres</u>	s of Florida registered agent: (P.O. l	Box NOT acceptable)	<u>₹.</u> . c.	- - - - - - - - -
Name and <u>street addres</u> Name:		3ox NOT acceptable)	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
Name:		30x NOT acceptable)	AL SO	
	Astrid Luna		AL 22	
Name:	Astrid Luna	33332		

### DocuSign Envelope ID: B4244973-C2A9-4EDA-A3E6-B9E86DC82A64

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

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
■Manager	Name:	<b>■</b> Manager	Name: Francisco Luna
■Member	Address:	□Member	Address: C/o 19510 South Coquina Way
□Authorized	Weston, FL 33332	□Authorized	Weston, FL 33332
Person		Person	
□Other	Other	□Other	Other
□Manager	Namc:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
Other	Other	□Other	Other
□Manager	Name:	□Manager	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.

Efrog.	
Signature of all authorized person	
Astrid Luna	
 Typed or printed name of signee	

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Ruth R. Hughs Secretary of State

DocuSign Envelope ID: F561ABDB-630D-4C02-AA29-9B033BA9CEE6 Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



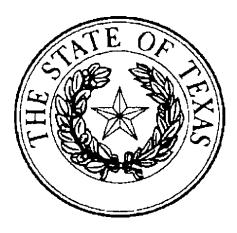
## Office of the Secretary of State

#### Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for LUGO PROPERTIES, LLC (file number 801659553), a Domestic Limited Liability Company (LLC), was filed in this office on September 25, 2012.

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 July 16, 2020.



Ruth R. Hughs Secretary of State

Fax: (512) 463-5709 TID: 10264 Dial: 7-1-1 for Relay Services
Document: 983672610003