M21000 100 10

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phon	ne #)				
PICK-UP WAIT	MAIL				
(Business Entity Name)					
(Document Number)					
Certified Copies Certificate	s of Status				
Special Instructions to Filing Officer:					
Cos de s					

Office Use Only



700367425607

07/19/21--01044--002 **180.00



AUG - 4 2021 M. SOLOMON

COVER LETTER

	Registration Section Division of Corporations					
SUBJEC	Luisa Group LLC					
	Nan	Name of Limited Liability Company				
The enclo Existence	osed "Application by Foreign Limited Liability e, and check are submitted to register the above	Company for Authorization to Transact Business in Florida," Certificate of referenced foreign limited liability company to transact business in Florida				
Please re	turn all correspondence concerning this matter	to the following:				
	Jeffrey Rubinstein					
		Name of Person				
	Rubinstein & Associates, P.A.					
	Firm/Company					
	7875 SW 104th Street, Suite 100					
	Address					
	Miami, FL 33156					
		City/State and Zip Code				
	Jeffrey@rubinsteinassociates.com					
	E-mail address: (to b	e used for litture annual report notification)				
For furthe	er information concerning this matter, please ca	all:				
Jeffrey Rubinstem		305 374-5500 at ()				
-	Name of Contact Person	Area Code Daytime Telephone Number				
	Mailing Address:	Street Address:				
Registration Section		Registration Section				
Division of Corporations		Division of Corporations				
P.O. Box 6327		The Centre of Tallahassee				
	Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				
į	Enclosed is a check for the following amount: Please make check payable to: FLORIDA DE \$125.00 Filing Fee \$130.00 Filing Fee Certificate	ee & 🔲 \$155.00 Filing Fee & 🗏 \$160.00 Filing Fee, Certificate				

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

IN COMPLIANCE WITH SECTION (05 0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Delaware (Installation makes the law of which feedga lumited tability company is negatized) (Installation makes the law of which feedga lumited tability company is negatized) (Installation makes the law of which feedga lumited tability company is negatized) (Installation makes the law of which feedga lumited tability company is negatized) (Installation feedga lumited tability company is negatized) (Installation feedga lumited) (Installation feedga lumite		lorida. The alternate name must include "Ermited Liability Company	ne adopted for the purpose of transacting business in Florida.") ozine imavailable, enter alternate i	
(Date first transfacted betwees in Florida: if prior to registration.) (See sections 608 5901 & 608 6905, f S to determine penalty liability) 45 BROMFIELD ST STE 901 6. 45 BROMFIELD ST STE 901 (Nailing Address) BOSTON, MA 02108 BOSTON, MA 02108 Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: 7875 SW 104th Street, Suite 100 Office Address:		87-1459952 3			
(Date first transacted betiness in Florida if prior to registration.) (See sections 60) 5001 & 603 6003, f. S. to determine penalty feability) 45 BROMFIELD ST STE 901 6. (Mailing Address) BOSTON, MA 02108 BOSTON, MA 02108 BOSTON, MA 02108 Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Jeffrey Rubinstein Name: 7875 SW 104th Street, Suite 100 Office Address:		(ffff number, if applicable)	th foreign limited hability company is organized)	(Joroseliction maker the law of w	
(Date first transacted betwees in Horida if prior to registration) (See sections 605 5901 & 605 6905, f. S. to determine penalty liability) 45 BROMFIELD ST STE 901 6. (Mailing Address) BOSTON, MA 02108 BOSTON, MA 02108 BOSTON, MA 02108 Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Jeffrey Rubinstein 7875 SW 104th Street, Suite 100 Office Address:					
Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Post Name Post Not Not Not Not Not Not Not Not Not No		registration) noe penalty ((ability)	(Date first transacted business in Florida if prior to registra (See sections 605 6904 & 605 6905, F.S. to determine pen		
Name and <u>street address</u> of Florida registered agent: (P.O. Box <u>NOT</u> acceptable) Jeffrey Rubinstein 7875 SW 104th Street, Suite 100 33156					
Name and <u>street address</u> of Florida registered agent: (P.O. Box <u>NOT</u> acceptable) Jeffrey Rubinstein 7875 SW 104th Street, Suite 100 Office Address: 33156		(Mailing Address)		reet Address of Proscopal Office)	
Jeffrey Rubinstein Name: 7875 SW 104th Street, Suite 100 Office Address: Minori, El. 33156		BOSTON, MA 02108		BOSTON, MA 02108	
Name: 7875 SW 104th Street, Suite 100 Office Address: Minui, El. 33156	:				
Name: 7875 SW 104th Street, Suite 100 Office Address: Migni El 33156					
Jeffrey Rubinstein Name: 7875 SW 104th Street, Suite 100 Office Address: Migni El 33156					
Name: 7875 SW 104th Street, Suite 100 Office Address: Migni El 33156]; a 	: NOT acceptable)	of Florida registered agent: (P.O. Box <u>NO</u>	Name and street addres	
Name: 7875 SW 104th Street, Suite 100 Office Address: Migni El 33156	100 1411 1412		Jeffrey Rubinstein		
Office Address:	57. 57.			Name:	
Miami, FL. 33156 (Cuy) , Florida (Zip code)			7875 SW 104th Street, Suite 100		
(City) , Florida (Zip code)		33156	Miami El	••	
truit (ph sour)		, Florida	Tana		
		, ,			
egistored agent's acceptance: aving been named as registered agelst and to accept service of process for the above stated limited liability company at the	ipany at the place	process for the above stated limited liability con	stered agelit and to accept service of proce.	aving been named as re	
signated in this application of thereof accept the appointment at registered agent and agree to act in this capacity. I furth comply with the provisions of all statutes relative to the propertund complete performance of my duties, and I am familia	aty. I further agr am familiar with	I registered agent and agree to act in this capac fand complete performance of my daties, and I	on A tre <mark>edly accept the appointme</mark> nt at regi as of all statutes relative to the propertands	signated in this applicate comply with the provisi	
nd accept the obligations of my position as registered agent.			of my position as registered agent	id accept the obligations	
all the time the time to the t			All X M		

Title or Capacity:	Name and Address:	Title or Capacity:		Name and Address:
■Manager	Name:	□Manager	Name:	
≅Member	Address: 45 Bromfield St. Stc. 901	□Member	Address:	
□Authorized	Boston, MA 02108	□Authorized		
Person		Person		
Other	Other	□Other		□Other
□Manager	Name;	□Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized		□Authorized		
Person		Person		CU21 A
ElOther	Other	[]Other		□Other 2 5
□Manager	Name:	□Manager	Name:	<u> </u>
□Member	Address:	□Member	Address:	<u>5</u> 4
□Authorized		□Authorized	<u> </u>	
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. Nonindexed 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.

Federica Lai

Typed or printed name of vigoce

Page 1



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

DELAWARE, DO HEREBY CERTIFY "LUISA GROUP 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 SECOND DAY OF AUGUST, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "LUISA GROUP LLC" WAS FORMED ON THE SEVENTEENTH DAY OF JUNE, A.D. 2021.

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

Authentication: 203815456

Date: 08-02-21





July 19, 2021

JEFFREY RUBINSTEIN RUBINSTEIN & ASSOCIATES, P.A. 7875 SW 104TH STREET, SUITE 100 MIAMI, FL 33156

SUBJECT: LUISA GROUP LLC Ref. Number: W21000098899

We have received your document for LUISA GROUP LLC. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Mel Solomon Senior Section Administrator

Letter Number: 621A00016636

www.sunbiz.org



July 12, 2021

JEFFREY RUBINSTEIN RUBINSTEIN & ASSOCIATES, P.A. 7875 SW 104TH STREET, SUITE 100 MIAMI, FL 33156

SUBJECT: LUISA GROUP LLC Ref. Number: W21000098899

We have received your document for LUISA GROUP LLC. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$160.00.

We have received your document for LUISA GROUP LLC. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$160.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Mel Solomon Senior Section Administrator

RECEIVED

Letter Number: 921A00015816