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Foreign Limited Liability Company Lucky 4U Investments LLC

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Help S. ROBERTS

OCT 28 2021

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

IN COMPILANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Lucky 4U Inves	Stments LLC Elimited Liability Company; must include "Limited	1	4 F C 9 44 F Z 194			
(.vame or 1 oreign	cumaed uniomy company; must include "tainifed	навину Сотрапу,	L.L.C., or 'LLC.')			
(If name anavailable, enter alternate r	name adopted for the purpose of transacting business in Flori	da. The alternate name in	ist include "Limited Liability Cr	энграпу," "L.L.С	," or "LLC	: ")
California		1				
(Jurisdiction under the law of which foreign limited liability company is organized)		3. (FEI number, (fapplicable)				
	(Date first transacted business in Florida, if prior to re (See sections 605,0904 & 605,0905, F.S. to determin	gistration) c penalty liability)		-		
7901 4th St N		_{6.} 7901	4th St N			
(Street Address of	Principal Office)	0.	(Mailing Address)			
STE 300		STE	300			
St. Petersb	urg FL 33702	St. Pe	etersburg F	L 337	02	
7. Name and street address	ss of Florida registered agent: (P.O. Box	<u>NOT</u> acceptable)		SEC	2021	
Name:	Northwest Registered Age	ent LLC		VE AHA	2021 OCT 28	7
Office Address:	7901 4th St N STE 300			SSEE.	PH 2:	
	St. Petersburg	SIA	33702	FE	: 52	
	(Cny)	, FIO	(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.



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]: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Miguel Antonio Perez Lambarri Guerrero Name: _ Ailin Sanchez Salcedo Manager Manager Manager Address: 7901 4th St N STE 300 7901 4th St N STE 300 Member |X | Member St. Petersburg FL 33702 St. Petersburg FL 33702 Authorized Authorized Person Person Other___ Other___ Other____ Other Manager ■ Manager Name: _____ Member Member Address: ____ Authorized Authorized Person Person Other_ Other____ Other_ Other____ Manager Name: Name: ☐ Member Address: ☐ Member Address: Authorized Authorized Person Person 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. Morgan Noble



I, SHIRLEY N. WEBER, Ph.D., Secretary of State of the State of California, hereby certify:

Entity Name: LUCKY 4U INVESTMENTS LLC

 File Number:
 201129810110

 Registration Date:
 10/17/2011

Entity Type: DOMESTIC LIMITED LIABILITY COMPANY

Jurisdiction: CALIFORNIA

Status: ACTIVE (GOOD STANDING)

As of October 27, 2021 (Certification Date), the entity is authorized to exercise all of its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the Certification Date and does not reflect documents that are pending review or other events that may affect status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of October 27, 2021.

SHIRLEY N. WEBER, Ph.D. Secretary of State

Certificate Verification Number: RLN982Y

To verify the issuance of this Certificate, use the Certificate Verification Number above with the Secretary of State Certification Verification Search available at bebizfile.sos.ca.gov/certification/index.