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Division of Corporations

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Division of Corporations

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From:

Account Name : POTENCIANO CPA LLC

Account Number : 120230000170 Phone : (407)413-2411 Fax Number : (407)641-9288

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### Foreign Limited Liability Company LUX GROUP LLC

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Registration Section

TO:

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Dis	ision of Corporations					
SUBMECT:	LUX GROUP LLC  Name of Lamted Lightley Company					
. Christ I.						
		Company for Authorization to Transact Business in Florida," Certificate of referenced foreign himsed hability company to transact business in Florida				
Płease returi	rall correspondence concerning this matter	to the following				
	JANAYNA POTENCIANO					
	Name of Person					
	POTENCIANO CPA LI C					
	Laca-Company					
	6965 PIAZZA GRANDE AVE STE I	6965 PLAZZA GRANDE AVE STE 307				
		Vikhess				
	ORLANDO UL 32835					
	<u> </u>	on State and Zip Code				
	JANAYNA@POTENCIANOCPA CO					
	E-mail address. (to b	e ased for future annual (aport note) ration)				
hor thather a	information concerning this matter please co	all				
J.A	NAYNA POTENCIANO	407 413 2411 at ( )				
	Name of Contact Person	Area Code Daytime Telephone Number				
Rej De P (	dling Address: gistration Section vision of Corporations 3. Box 6327 Hahassee, F4, 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, State 810 Tablahassee, FL 32303				
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TENERS OF STREET

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSAUT BUSINESS. IN FLORIDA

IN COMPTAINCE WITH SPECIED METODE, LECRICA SCALTEN, THE COLLOWING IS SUBJECTED TO REGISTER A COPPLIENCATION OF THE SPACE O

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WINTER GARDEN FL 34787		WINTER GARDEN FL 34787			
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	<del></del>				
Name and <u>street addrs</u>	<u>ess</u> of Florida registered agent (P.O. Box.)	<u>SOF</u> acceptable:			
Name and <u>street adding</u> Name	<u>ess</u> of Florida registered agent (P.C). Box. <u>)</u> POTENCIANO CPA LLC		2024 SEF		
	POTENCIANO CPA LLC		2024 SEP 30		

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 bereby 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 distres, 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):

itle or Capacity;	Name and Address:	Title or Capacity	
Manager	Name: Marcos V Bezerra Lima	<b>■</b> Manager	Name: Paula Habli Brandao Dutra
Member	Address: 9430 Ascend Fis Dr Apt 102	<b>∄</b> Member	Address: 9430 Ascend Fls Dr Apt 10
Authorized	Winter Garden FL 34787	☐ Authorized	Winter Garden FL 34787
Person		Person	
Other	Other	Other	Other
Manager	Name:	☐Manager	Name:
Member	Address:	□Member	Address:
Authorized		□Authorized	
Person		Person	
Other	□Other	□ Օնիգ։	Other
Manager	Name:	□Manager	Name:
Member	Address:	□Member	Address:
Authorized		☐ Authorized	
		Person	
Person	□ Other	C10.4	

Typed or printed mone of signee

Marcos V Bezerra Lima

# STATE OF WYOMING Office of the Secretary of State

I, CHUCK GRAY, Secretary of State of the State of Wyoming, do hereby certify that according to the records of this office.

### Lux Group LLC

s a

### Limited Liability Company

formed or qualified under the laws of Wyoming did on **September 11, 2024**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2024-001521039**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne. Wyoming on this 26th day of September, 2024 at 11:34 AM. This certificate is assigned ID Number 076651021.



Secretary of State