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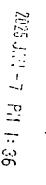
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COVER LETTER

Registration Section
Division of Corporations

TO:

SUBJECT: Luxury Lane Miami LLC		
	Limited Liability Company	
The enclosed "Application by Foreign Limited Liability Con- Existence, and check are submitted to register the above refer	npany for Authorization to Transact Business in Florida," Certificate of renced foreign limited liability company to transact business in Florida.	
Please return all correspondence concerning this matter to the	e following:	
Ivan Tabango		
N	ame of Person	
F	irm/Company	
92 SW 3rd St, APT 4904		
	Address	
Miami, FL 33130		
City/S	tate and Zip Code	
contact@luxurylanemiami.com		
E-mail address: (to be use	d for future annual report notification)	
For further information concerning this matter, please call:		
Ivan Tabango	ur (1) 305-900-4748	
Name of Contact Person	Area Code Daytime Telephone Number	
Mailing Address:	Street Address:	
Registration Section Division of Corporations	Registration Section	
P.O. Box 6327	Division of Corporations The Courte of Tallahassee	
Taliahassee, Fil. 32.5:4	2415 N. Monroe Street, Sune 810 Tallahassee, FL 32303	
Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPART ☐ \$125.00 Filing Fee	□ \$155.00 Filing Fee & □ \$160.00 Filing Fee, Certificate	

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 COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: Luxury Lane Miami LLC (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.E.C." or "L.E.C." 2. Wyoming 3 33-2611132 (Jurisdiction under the law of which foreign limited hability company is organized) (FEI number, if applicable) (Date first transacted business in Florida, if prior to registration.) (See sections 605,0904 & 605,0905, F.S. to determine penalty liability) 92 SW 3rd St 6. 92 SW 3rd St (Mailing Address) (Street Address of Principal Office) **APT 4904 APT 4904** Miami, FL 33130 Miami, FL 33130 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Ivan Tabango Name: 92 SW 3rd St, APT 4904 Office Address: Miami ___, Florida 33130 (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: Name: Ivan Tabango □ Manager □Manager Name: _____ Address: 92 SW 3rd St ☑Member □Member Address: _____ APT 4904 □ Authorized □Authorized Miami, FL 33130 Person Person ☐ Other____ □Other □Other____ □Other_____ □Manager Name: _____ □ Manager Name: _____ □Member Address: ____ □Member Address: □ Authorized ☐ Authorized Person Person □Other □Other_____ □Other____ []Other____ □Manager □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. 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 outh 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. Mn Jalungs Signature of an authorized page Ivan Tabango

Lyped or printed name of signee

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,

Luxury Lane Miami LLC

is a

Limited Liability Company

formed or qualified under the laws of Wyoming did on **December 20**, **2024** with a delayed effective date of January 1, 2025, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2024-001575879**.

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 2nd day of January, 2025 at 7:16 PM. This certificate is assigned ID Number 079520522.

Secretary of State

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website https://wyobiz.wyo.gov and following the instructions displayed under Validate Certificate.