L21 000 509 368

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

300450804933

FLORIDA CAPITAL COURIER SERVICES. INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-6243

Please use funds from the account: I20210000160: $ 655.00
Authorization Signature
H & H Properties, LLC L21000509368
Business Name #Document.

Walk in ____ Will wait

____ Certified Copy of Articles of Organization
____ Certificate of Status

NEW FILINGS

____ Profit
____ Not for Profit
___ LLC
____Domestication
____ INC
___ CORP
___ LLLP

AMENDMENTS

___ _Amendment
____Resignation of Member/MGR
____ Change of Registered Agent
____ Revocation of Dissolution
___ Conversion
___ _Statement of Authority
____Merger
____ DISSOLUTION

OTHER FILINGS

____TRANSMITTAL LETTER

____Fictitious Name -

_____ Statement of Authority
business

____ APOSTIL _____
COUNTRY

REGISTRATION/QUALIFICATIONS

___ Foreign Filing
____ Partnership
X Reinstatement
____ Articles of CORRECTION
___ Withdraw of Authority to conduct

____Domestication

_____ ____Other

EXAMINER'S INITIALS:_____

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L21000509368

1. Limited Liability Company's Name
H & H Properties, LLC

2. Principal Office Address - No P.O Box #	3. Mailing Office Address
3536 William Ave	(Same)
Suite, Apt #, etc.	Suite, Apt. #, etc.
City & State: Miami, FL	City & State
Zip: 33133 Country: USA	Zip Country

CR2E041 (1/14)

4. State/Country of Formation: FL. USA

5. Date Organized or Qualified To Do Business in Florida: 12/01/2021

6. FEI Number: 33-1685580 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a certificate of status

8. Name and Address of Current Registered Agent

Name: Patricia Maurer

Street Address (P.O. Box Number is Not Acceptable) Suite, Apt #, Etc.: 3536 William Avenue

City: Miami State: FL Zip Code: 33133

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent _____ Date 5/5/2025

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip

11. E-mail Address: Patricia@MaurerEstates.com
(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirement of section 605.0012, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that 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.

Signature of authorized representative/member _____ Date 5/5/2025 Daytime Phone # (305) 725-8528

Typed or printed name of signing authorized representative/member Patricia Maurer