





FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 31, 2019

JEMIS BORQUET  
8584 COLONY TRACE DR  
FT MYERS, FL 33908

SUBJECT: HUG THE PALM TREE LLC  
Ref. Number: W19000069230

RECEIVED  
19 AUG 19 AM 8:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for HUG THE PALM TREE LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name listed in number one of the application must be identical to the name listed in the certificate of existence.

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

Octavia L Simmons  
Regulatory Specialist II Supervisor

Letter Number: 319A00015624

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Hug the Palm Tree, LLC  
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Jemis Borguet  
Name of Person

Borguet LLC  
Firm/Company

8584 Colony Trace Dr.  
Address

Fort Myers, FL 33908  
City/State and Zip Code

Jemis@borguet.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jemis Borguet at (929) 406-7564  
Name of Contact Person Area Code Daytime Telephone Number

**MAILING ADDRESS:**

Division of Corporations  
Registration Section  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**

Division of Corporations  
Registration Section  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy
- \$160.00 Filing Fee, Certificate of Status & Certified Copy

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

IN COMPLIANCE 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:

1. ~~Hug the Palm Tree LLC~~ Borquet 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.L.C.," or "LLC.")

2. Delaware  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 37-1876037  
(FEI number, if applicable)

4. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration.  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 8584 Colony Trace Dr.  
(Street Address of Principal Office)  
Fort Myers, FL 33908

6. 8584 Colony Trace  
(Mailing Address)  
Dr., Fort Myers  
33908

FILED  
AUG 16 2019  
PM 3:37  
TAMPA

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Jemis Borquet  
Office Address: 8584 Colony Trace Dr.  
Fort Myers, Florida 33908  
(City) (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.

Jemis Borquet  
(Registered agent's signature)

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:

Manager      Name: Jemis Borquet

Member      Address: 8584

Authorized      Colony Trace Dr.

Person      Ft. Myers, FL 33908

Other \_\_\_\_\_       Other \_\_\_\_\_

Title or Capacity:                      Name and Address:

Manager      Name: Jessica Borquet

Member      Address: 8584 Colony

Authorized      Trace, Dr., Ft.

Person      Myers, FL 33908

Other \_\_\_\_\_       Other \_\_\_\_\_

Manager      Name: \_\_\_\_\_

Member      Address: \_\_\_\_\_

Authorized      \_\_\_\_\_

Person      \_\_\_\_\_

Other \_\_\_\_\_       Other \_\_\_\_\_

Manager      Name: \_\_\_\_\_

Member      Address: \_\_\_\_\_

Authorized      \_\_\_\_\_

Person      \_\_\_\_\_

Other \_\_\_\_\_       Other \_\_\_\_\_

FILED  
19 AUG 19 PM 3:37  
CLERK OF THE  
COURT  
STATE OF FLORIDA  
TALLAHASSEE

Manager      Name: \_\_\_\_\_

Member      Address: \_\_\_\_\_

Authorized      \_\_\_\_\_

Person      \_\_\_\_\_

Other \_\_\_\_\_       Other \_\_\_\_\_

Manager      Name: \_\_\_\_\_

Member      Address: \_\_\_\_\_

Authorized      \_\_\_\_\_

Person      \_\_\_\_\_

Other \_\_\_\_\_       Other \_\_\_\_\_

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed 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.

Jemis Borquet  
Signature of an authorized person

Jemis Borquet  
Typed or printed name of signor

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BORQUET 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 EIGHTH DAY OF JULY, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BORQUET LLC" WAS FORMED ON THE EIGHTH DAY OF DECEMBER, A.D. 2017.

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

Handwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line.

Jeffrey W. Bullock, Secretary of State

6653614 8300

SR# 20195853317

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

Authentication: 203172420

Date: 07-08-19