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PICK-UP	☐ WAIT	MAIL
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Subject of the second



on 29 200 Brumbley CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT	NO.	:	I20000000195

REFERENCE : 783954 8212190

COST LIMITA 125 100

AUTHORIZATION

ORDER DATE: April 27, 2021

ORDER TIME : 10:11 AM

ORDER NO. : 783954-005

CUSTOMER NO: 8212190

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## FOREIGN FILINGS

NAME: HANTA YO LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland -- EXT# 61592

EXAMINER:

## COVER LETTER

JBJEC"	Hanta Yo LLC		
DOTA		ne of Limited Liability Company	
		Company for Authorization to Transact Business in Florida," Certifica referenced foreign limited liability company to transact business in Florida.	
ease reti	urn all correspondence concerning this matter t	to the following:	
	Antonio Contarini		
		Name of Person	
		Firm/Company	
		rim/Company	
	2100 West Cypress Creek Road		
		Address	
	Fort Lauderdale, Florida 33309		
		City/State and Zip Code	
	antonio.contarini@hotwirecommunio	cation.com	
	E-mail address: (to b	e used for future annual report notification)	
r furthe	r information concerning this matter, please ca	III:	
<i>F</i>	Antonio Contarini	305 776-4822 at ()	
	Name of Contact Person	Area Code Daytime Telephone Number	
R	lailing Address: Registration Section	Street Address: Registration Section	
	Division of Corporations 2.O. Box 6327	Division of Corporations The Centre of Tallahassee	
	fallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	
	nclosed is a check for the following amount: lease make check payable to: FLORIDA DEF	PARTMENT OF STATE	

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

IN COMPLIANCE WITH SECTION 605,0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

f name unavailable, enter afternate	name adopted for the purpose of transacting business in Flor	ida. The alternate name must include "Limited Liabil	ity Company," "L.L.C," or "LLC
Delaware			
(Jurisdiction under the law of	which foreign limited liability company is organized)	3. (FEI number, i	if applicable)
	(Date first transacted business in Florida, if prior to re	vistration )	<del>_</del>
	(See sections 605.0904 & 605.0905, F.S. to determine	penalty liability)	
1521 Alton Road #4		1521 Alton Road #484 6. (Nailing Address)	
reet Address of Principal Office)	<u> </u>	(Mailing Address)	
Miami Beach, FL 33	139	Miami Beach, FL 33139	
	ss of Florida registered agent: (P.O. Box.)	NOT accentable)	
	ss of Florida registered agent: (P.O. Box )	NOT acceptable)	2021 A
	ss of Florida registered agent: (P.O. Box )  Corporation Service Company	NOT acceptable)	2021 AFR 2
Name and street addre		N <u>OT</u> acceptable)	2021 AFR 28
Name and street addre	Corporation Service Company	N <u>OT</u> acceptable)	?S [**
Name and street addre	Corporation Service Company	NOT acceptable)  32301	. 83

(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: Title or Capacity: Name and Address: Name: Kristin Johnson □Manager □Manager Name: 1521 Alton Road #484 Address: ■Member □Member Miami Beach, FL 33139 ☐ Authorized ☐ Authorized Person Person Other Other □Other □Other □Manager Name: □Manager Name: \_\_\_\_\_ Address: □Member Address: \_\_\_\_\_ □Member □ Authorized □ Authorized Person Person □Other\_\_\_\_\_ □Other\_\_\_\_\_ □Other\_\_\_\_ □Other □ Manager □Manager □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 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. Mustin hosa / Signature of an authorized person

Typed or printed name of signee

Kristin Johnson



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "HANTA YO 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 TWENTY-SEVENTH DAY OF APRIL, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HANTA YO LLC"

WAS FORMED ON THE THIRTIETH DAY OF MARCH, A.D. 2021.

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



Authentication: 203071831

Date: 04-27-21