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S. FRANKLIN MAR 1 2 2022

#### COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: HST STR LLC	
Name of Limited Liability Company	
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business is Existence, and check are submitted to register the above referenced foreign limited liability company to transact	
Please return all correspondence concerning this matter to the following:	
Lisa Shults	
Name of Person	
HST STR LLC	
Firm/Company	<del></del>
2248 Meridian Blvd Ste H	
Address	
Minden, NV 89423	2022 FEB
City/State and Zip Code	B 2
lshults@corporatedirect.com	2
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Lisa Shults 284-7167	-
Name of Contact Person Area Code Daytime Telephone	Number
MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CiTallahassee, FL 32301	ircle
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 & □ \$155.00 Filing Fee & □ \$160.	t.00 Filing Fee, Certificate atus & Certified Copy

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

Wyoming  [Jested claim under the law of which foreign limited liability company is expensed.]  [Jested claim under the law of which foreign limited liability company is expensed.]  [Jested claim under the law of which foreign limited liability company is expensed.]  [Jested claim under the law of which foreign limited liability company is expensed.]  [See rections 600,0500 & 600,0903, F.S. to determine penalty izability.]  7901 4th N Ste 300  [Street Address of Priorizal Office.]  St. Petersburg, FL 33702  [See and friend a law of which foreign limited liability company is expensed.]  [See rections 600,0500 & 600,0903, F.S. to determine penalty izability.]  7901 4th N Ste 300  [Street Address of Priorida of Priorida registered agent: (P.O. Box NOI acceptable.)  Name: Registered Agents Inc.  7901 4th St N STE 300  St. Petersburg  [City]  [City	HST STR L	n Limited Liability Company, must inclu	M: de "Emiled Liability Cor	apany," "LLC." or "LLC	S.T)	<del></del>
1/28/2022    Chair First transacted Entitiences in Plantids, if prior to registration.)   Store rections 603.0904 & 603.0903, F.S. to determine penalty liability)   Type of the provision of the provision of the prior of the prior to registration.	wyoming	name adopted for the purpose of transacting bu				C. a · LC.
7901 4th N Ste 300  (Street Address of Mocket Office)  St. Petersburg, FL 33702  St. Petersburg, FL 33702  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  Registered Agents Inc.  7901 4th St N STE 300  St. Petersburg  (City)  (St. Petersburg)  (City)  (St. Petersburg)  (City)  (St. Petersburg)  (City)  (St. Petersburg)  (City)  (St. Petersburg)  (St. Petersburg			,	(FO) (N	umber, if applicable)	<del></del>
St. Petersburg, FL 33702  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  Registered Agents Inc.  Office Address:  7901 4th St N STE 300  St. Petersburg  (City)  St. Petersburg  (City)  Florida  33702  (City)  glistered agent's acceptance:  ving been named as registered agent and to accept service of process for the above stated limited liability company at the place dignated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agreemence of my details and further and further age for the proper and complete performance of my details and further		(Date first transacted business in Florida (See sections 605,0904 & 605,0905, F.)	i, if prior to registration.) S. to determine penulty liabilit	y)	· <del></del>	
Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: Registered Agents Inc.  Office Address: 7901 4th St N STE 300  St. Petersburg, Florida 33702  (City) Florida 33702  (City) (Ci	7901 4th N Ste 300		, 17	2 Center Stre	et, Ste 202	_
Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Registered Agents Inc.  7901 4th St N STE 300  St. Petersburg  (City)  St. Petersburg  (City)		•	. 0	(Mailing A	\dcress)	2/122
Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: Registered Agents Inc.  7901 4th St N STE 300  St. Petersburg  (City)  St. Petersburg  (City)  (City)  (City)  (City)  St. Poccess for the above stated limited liability company at the place alignated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. If further accomply with the provisions of all statutes relative to the proper and complete performance of my drifte and to families and the provisions of all statutes relative to the proper and complete performance of my drifte and target and to families and the provisions of all statutes relative to the proper and complete performance of my drifte and target and the families and the provisions of all statutes relative to the proper and complete performance of my drifte and the families and the proper and complete performance of my drifte and the families and the proper and complete performance of my drifte and the proper and complete performance of my drifte and the proper and complete performance of my drifte and the proper and complete performance of my drifte and the proper and complete performance of my drifte and the proper and complete performance of my drifte and the proper and complete performance of my drifte and the proper and complete performance of my drifter and the proper and complete performance of my drifter and the proper and complete performance of my drifter and the proper and complete performance of my drifter and the proper and complete performance of my drifter and the proper and complete performance of my drifter and the proper and complete performance of my drifter and the proper and complete performance of my drifter and the proper and complete performance of my drifter and the proper and complete performance of my drifter and the proper and complete performance of my drifter and the proper and complete performance of my drifter and the proper and complete performance of my drifter and the proper	St. Petersburg, FL 33702		Ja	ickson, W	Y 8300	1 🖺
Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Registered Agents Inc.  7901 4th St N STE 300  St. Petersburg  (City)  (City)  St. Petersburg  (City)					<u> </u>	
Name:  Registered Agents Inc.  7901 4th St N STE 300  St. Petersburg  (City)  St. Petersburg  (City)			<del></del>			2
Name:  Registered Agents Inc.  7901 4th St N STE 300  St. Petersburg  (City)  St. Petersburg  (City)	Name and street addre	ss of Florida registered agent (P	O Box NOT socs	enhla)	*	<b>≚</b>
Office Address:  7901 4th St N STE 300  St. Petersburg  (City)  (City)		m	.o. box Mox accep	usoic)	ا ا مند و مندو	$\omega$
St. Petersburg  (City)  (City)	Name:	Registered Ag	gents Inc.	_	• •	-1
(City) (Zip coda)  gistered agent's acceptunce:  ving been named as registered agent and to accept service of process for the above stated limited liability company at the plac  ignated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further age  comply with the provisions of all statutes relative to the proper and complete performance of my drates, and I am formities with	Office Address:	7901 4th St N	STE 300	_		
gistered agent's acceptance:  ving been named as registered agent and to accept service of process for the above stated limited liability company at the placing algority in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to make the provisions of all statutes relative to the proper and complete performance of my drifter, and I am familiar with		St. Petersburg	3	_ , Florida 3370	02	
ving been named as registered agent and to accept service of process for the above stated limited liability company at the plac signated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further ag comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am for like with				(Zip e	coda)	
Bee Home	ring been named as re Ignated in this applica omply with the provisi	rgistered agent and to accept ser atlon, I hereby accept the appoin ions of all statutes relative to the	iment as registered . t proper and comple	ggant and agree to a	ct in this canadia.	I Gowhan acan
		Bee Home				

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: Shinakat, LLC ✓ Manager Manager Name: \_\_\_ 172 Center Street, Ste 202 ■ Member ☐ Member Address: \_\_\_\_ Jackson, WY 83001 Authorized Authorized Person Person Other\_ Other\_\_\_ Other\_ Other\_\_\_ Manager Manager | Member Address: ☐ Member Address: Authorized ☐ Authorized Person Person Other\_ Other\_\_\_\_ Other\_\_\_ Othe Manager Name: \_\_\_\_\_\_ 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.

James Streeter, representing Shinakat, LLC- Manager

Typed or printed name of signee

## STATE OF WYOMING Office of the Secretary of State

I, EDWARD A. BUCHANAN, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

#### HST STR, LLC

is a

### **Limited Liability Company**

formed or qualified under the laws of Wyoming did on **December 17, 2021**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2021-001061671**.

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 10th day of February, 2022 at 9:40 AM. This certificate is assigned ID Number 049829439.

Secretary of State 7 3

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.