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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

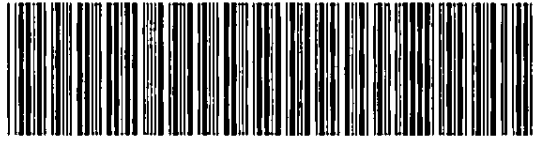
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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JAN 17 2023

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HSB ENTERPRISE 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:

Julio Silva
Name of Person

CrossCountry Mortgage, LLC
Firm/Company

2151 Hillsboro Boulevard, Suite 300
Address

Deerfield Beach, FL 33442
City/State and Zip Code

julio.silva@ccm.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Julio Silva at (321) 732-2848
Name of Contact Person Area Code Daytime Telephone Number

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

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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 605.092, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. HSB ENL PRPRI LLC
(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LLC")

If a name is 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 3. SS-4210128
(Jurisdiction under the law of which foreign limited liability company is organized) (LLC number, if applicable)

4. 12-13-2022
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0911 & 605.0915, F.S. to determine penalty liability)

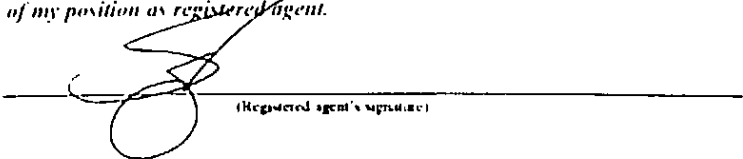
5. 1964 Lake Fountain Dr, Ste 226 6. 1964 Lake Fountain Dr, Ste 226
(Street Address of Principal Office) (Mailing Address)
Orlando, FL 33239 Orlando, FL 33239

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

Name: Bella Florida Consulting LLC
Office Address: 5950 Lakerhurst Dr, Suite 242
Orlando Florida 32819
(City) (State) (Zip code)

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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.


(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].

<p><u>Title or Capacity:</u> _____ <u>Name and Address:</u> _____ Name: Renato Alonso Remate Alonso Address: 1964 Lake Fountain Dr. Ste 226 Orlando, FL 32239</p>	<p><input type="checkbox"/> Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/> Authorized <input type="checkbox"/> Person <input type="checkbox"/> Other</p>
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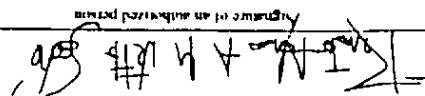
<p><input type="checkbox"/> Manager <input type="checkbox"/> Member <input type="checkbox"/> Authorized <input type="checkbox"/> Person <input type="checkbox"/> Other</p>	<p><input type="checkbox"/> Manager <input type="checkbox"/> Member <input type="checkbox"/> Authorized <input type="checkbox"/> Person <input type="checkbox"/> Other</p>
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<p><input type="checkbox"/> Manager <input type="checkbox"/> Member <input type="checkbox"/> Authorized <input type="checkbox"/> Person <input type="checkbox"/> Other</p>	<p><input type="checkbox"/> Manager <input type="checkbox"/> Member <input type="checkbox"/> Authorized <input type="checkbox"/> Person <input type="checkbox"/> Other</p>
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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.817.132, F.S.

Signature of an authorized person


Renato Alonso Remate

Typed or printed name of signer

Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HSB ENTERPRISES 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 NINETEENTH DAY OF DECEMBER, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HSB ENTERPRISES LLC" WAS FORMED ON THE NINETEENTH DAY OF OCTOBER, A.D. 2022.

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



7095418 8300

SR# 20224307170

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 205130096

Date: 12-19-22