M1700005092

(Re	equestor's Name)	
(Ad	dress)	
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PICK-UP	☐ WAIT	MAIL.
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
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06/08/17--01024--024 **125.00



JUN 1 5 2017 Y SULKER

W12-68901



June 9, 2017

HECTOR SOLIS 17281 FRONT BEACH ROAD #401 PANAMA CITY BEACH, FL 32413 US

SUBJECT: HTS VENTURES LLC Ref. Number: W17000048901

We have received your document for HTS VENTURES LLC and your check(s) totaling \$125.00. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Yasemin Y Sulker Regulatory Specialist II

Letter Number: 717A00011742

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: HTS Ventu	re S
Name of L	re S imited Liability Company
The enclosed "Application by Foreign Limited Liability Compa Existence, and check are submitted to register the above referen	any for Authorization to Transact Business in Florida," Certificate of need foreign limited liability company to transact business in Florida
Please return all correspondence concerning this matter to the f	following:
Hector + Trac	1 Solis
Na	me of Person
Fir	m/Company
17281 Front Beach Ro	<u>ad # 401</u> Address
	Address
Panama City Beach, City/Sta	FL 3.3413
City/Str	ate and Zip Code
htsolis@att.net	for future annual report notification)
E-mail address: (to be used	for future annual report notification)
For further information concerning this matter, please call:	
Traci Solis	at (214) 455 - 3059 Area Code Daytime Telephone Number
Name of Confact Person	Area Code Daytime Felephone Number
MAILING ADDRESS: Division of Corporations	STREET ADDRESS: Division of Corporations
Registration Section	Registration Section
P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle
l andhassee, FL 32314	Tallahassee, FL 32301
Enclosed is a check for the following amount:	
☐ \$130.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Fee & ☐ \$160.00 Filing Fee, Certificate Certified Copy of Status & Certified Copy

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

	EMUYES LLC Limited Liability Company, must include "Limi ame adopted for the purpose of transacting business in F		
	HGS sich foreign limited liability company is organized)	3. <u>45 - 385 2 48</u>	
	ich foreign limited liability company is organized)	(FEI nu	unber, if applicable)
6/1/17	(Date first transacted business in Florida, if prior t (See sections 605.0904 & 605.0905, F.S. to detern	o registration.)	
17281 Front 1	Really Rd # 401		101, Rel # 401
(Sirect Address of P	rincipal Office)	(Mailing A	ddress)
ruma cing	Beach Rd #401 Beach, FC 32413	6. 17281 Front Bed Mailing A Panama City C	20413
	<u> </u>		<u>ر ۲۲ و پ</u>
ame and street addres	s of Florida registered agent: (P.O. Bo	x NOT acceptable)	
Name:	Traci Solis		
Office Address:	17381 Front Buch Ro	d #401	
	Panama City Beach	Florida 3241	3 _
ing been named as reg gnated in this applicati emply with the provisi	gistered agent and to accept service of tion, I hereby accept the appointment ons of all statutes relative to the prope	f process for the above stated limite as registered agent and agree to ac	ed liability compare ut the place ct in this capacity. Ffurther agr
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e attachments if necess tached is a certificate distance of the law of the la	gistered agent and to accept service of tion, I hereby accept the appointment ons of all statutes relative to the property of my position as registered agent. (Registered agent and address of the person(s) who hame and Address: Chox Solis Chox So	f process for the above stated limits as registered agent and agree to acer and complete performance of my signature) as signature) as/have authority to manage is/are: Title or Capacity: (DWNCC) 40) 32413	Name and Address: Trall Solis 12-81 Front Beach Rel # Parama City Beach, FL

Typed or printed name of signee

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



Rolando B. Pablos Secretary of State

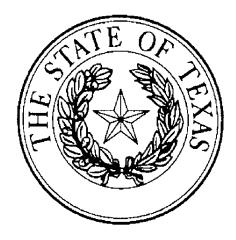
Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for HTS Ventures, LLC (file number 801499692), a Domestic Limited Liability Company (LLC), was filed in this office on October 26, 2011.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on June 14, 2017.



RR

Rolando B. Pablos Secretary of State

Fax: (512) 463-5709 TID: 10264 Dial: 7-1-1 for Relay Services Document: 744387070003

Phone: (512) 463-5555 Prepared by: SOS-WEB