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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : STOLZENBERG, GELLES & FLYNN, LLP
Account Number : 120100000018
Phone : (305) 961-1450
Fax Number : (305) 423-3979

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: jstrent10@aol.com

**FOREIGN PROFIT/NONPROFIT CORPORATION
HAMPTON CROSSING APARTMENT CORPORATION**

| | |
|-----------------------|---------|
| Certificate of Status | 1 |
| Certified Copy | 1 |
| Page Count | 04 |
| Estimated Charge | \$87.50 |

FEC - 1 2020

M. SOLOMON

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. HAMPTON CROSSING APARTMENT CORPORATION

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. PENNSYLVANIA

(State or country under the law of which it is incorporated)

3.

11-2792339

(FEI number, if applicable)

4. 12/01/2005

(Date of incorporation)

5.

(Date of duration, if other than perpetual)

6. _____

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 2465 POINCIANA CT WESTON FL 33327

(Principal office street address)

2465 POINCIANA CT WESTON FL 33327

(Current mailing address, if different)

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

Name: STOLZENBERG GELLES FLYNN & ARANGO, LLP

Office Address: 1533 SUNSET DR., SUITE 150

MIAMI

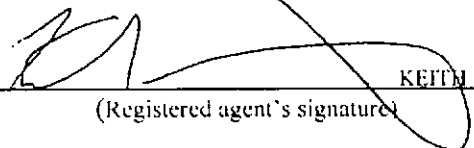
(City)

Florida 33143

(Zip code)

9. **Registered agent's acceptance:**

Having been named as registered agent and to accept service of process for the above stated corporation 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)

KEITH H. STOLZENBERG, ESQ.

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

FILED
2020 NOV 30 PM 2:29
CLERK OF CIRCUIT COURT
DADE COUNTY FLORIDA

A. DIRECTORS

☐ Chairman Name: GERALD STRENT

☐ Vice Chairman Address: 2465 POINCIANA CT

☒ Director WESTON, FL 33327

☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

☐ Chairman Name: _____

☐ Vice Chairman Address: _____

☐ Director _____

☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

☐ Chairman Name: _____

☐ Vice Chairman Address: _____

☐ Director _____

☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

☐ Chairman Name: MARIE STRENT

☐ Vice Chairman Address: 2465 POINCIANA CT

☒ Director WESTON, FL 33327

☐ President _____

☐ Vice President _____

☒ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

☐ Chairman Name: _____

☐ Vice Chairman Address: _____

☐ Director _____

☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

☐ Chairman Name: _____

☐ Vice Chairman Address: _____

☐ Director _____

☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

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CLERK OF COURT
STATE OF FLORIDA
JUDICIAL CIRCUIT IN AND FOR
DADE COUNTY

FILED

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.

12. [Signature]
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that 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.

13. GERALD STRENT PRES
(Typed or printed name and capacity of person signing application)

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE

11/24/2020

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

HAMPTON CROSSING APARTMENT CORPORATION

is duly registered as a Pennsylvania Business Corporation under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have hereunto set
my hand and caused the Seal of the Secretary's
Office to be affixed, the day and year above written

Katlynn Bookman

Secretary of the Commonwealth

Certification Number: TSC201124110784-1

Verify this certificate online at <http://www.corporations.pa.gov/orders/verify>