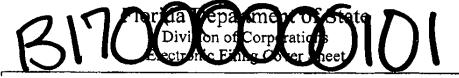
Division of Corporations

Page 1 of 2



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H17000108712 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : TRIAD PROFESSIONAL SERVICES

Account Number : I20160000008 Phone : (850)777-2091 Fax Number : (770)220-1943

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

Email Address:

FLORIDA/FOREIGN LP/LLLP

HE & SF Properties, LP

Certificate of Status	£2 0
Certified Copy	0
Page Count	04
Estimated Charge	\$1,000.00

Masse Ale 5200119 Other H17000108714

D. SCOTT APR 2 4 2017

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

		COVEREDE	LER		
TO: Registration Sec Division of Corp					
SUBJECT: HE & SF P	roperties, LP				
Nan	ne of Foreign Limited Partr	ership or Limited L	isbility	Limited Partnership	
partnership to transact bu			egister	a foreign limited partnership	or limited liability limited
Blissa Hart					
	Contact Person				
Smith, Gambrell & Russ	eli, LLP				
	Firm/Company				
1230 Peachtree St. NE, S	Suite 3100				
	Address		i,		
Atlanta, GA 30309			:5A		
C	ity, State and Zip Code				
ehart@sgrlaw.com					
E-mail address: (to be)	used for future annual repor	t notification)			
For further information c	oncerning this matter, pleas	se cali:			
Elissa Hart		at (404	815-35	500	
Name of Contac	ct Person		d Daytii	me Telephone Number	
Enclosed is a check for th	ne following amount:				
¥\$1,000.00 Filing Fees (\$965 Filing Fee and \$35 Registered Agent Fee)	☐ \$1,008.75 Filing Fees and Certificate of Status	☐ \$1,052.50 Filing and Certified Copy		O\$1,061.25 Filing Fee, Certified Copy, and Certificate of Status	SECRETION FI
STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center C Tallahassee, FL 32301		MAILING ADDI Registration Section Division of Corpo P. O. Box 6327 Tallahassee, FL 3	on rations		12 M S 54 RAPY OF STATE ASSEE, TLUBBA

APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP TO TRANSACT BUSINESS IN FLORIDA

HE & SF Properti	es, LP	
Acceptable Limited .	Partnership suffixes: Limited Partnersi	ility Limited Partnership, which must include suffix) hip, Limited, L.P., LP, or Ltd. Limited Liability Limited Partnership, L.L.L.P. or LLLP.
If name unavailable	e, name under which the limited partner business in Florid	rship or limited liability limited partnership proposes to register to transact ia; must contain acceptable suffix.
2. Georgia		3, 1/1/1999
Si	tate or Country of Formation	Date of Formation
4. Federal Employe	er Identification Number: n/a	
5. Name of Register	red Agent for Service of Process and	Florida Street Address:
Smith, Gambrell &	Russell, LLP, Attn: James Cummings	
50 North Laura St.,	Suite 2600	
Jacksonville, FL 3	2202	
my position as reg	gistered agent. Smith, Gambrell By:	munce of my futies and am familiar with and accept the obligations of the Russell, LP
7. Principal Office: 8. M		8. Mailing Address:
1230 Peachtree St. 1	NE	1230 Peachtree St. NE
Suite 3100		Suite 3 100
Atlanta, GA 30309		Atlanta, GA 30309
9. If limited partne	ership is a limited liability limited par	rtnership, check box .
10. Name, principa	l office address, and mailing address	s of each general partner:
Name of Genera	Partner:	Name of General Partner:
Street Address:	1230 Peachtree St. NE, Suite 3100	Street Address:
	Atlanta, GA 30309	©;; 4.
Mailing Address: 1230 Peachtree St. NE, Suite 3100 Atlanta, GA 30309		Malling Address:
Name of General	l Partner:	Name of General Partner:
Street Address:		Street Address:
Mailing Address		Mailing Address:

Name of General Parmer:	1 of 2 Name of General Partner:				
Street Address:	Street Address:				
Mailing Address:	Mailing Address:				
11. Effective date, if other than the date of filing: (Effective date cannot be prior to nor more than 90 days after the dat	e this document is filed by the Florida Department of State.)				
12. Attached is a certificate of existence duly authenticated, not more Florida Department of State, by the Secretary of State or other official the law of which it is organized.	l having custody of the entity's records in the jurisdiction under				
Signed this 20 day of April	A 0 17				
Signed this 20 day of April 20 Heka, Inc., by Hans-Michael Kraus Secretary Signature of a general partner					
The individual signing this document affirm that the facts stated hereis submitted in a document to the Department of State constitutes a third	in are true and the individual is aware that false information				

Page 2 of 2

Filing Fees: Certified Copy (optional): Certificate of Status (optional):

Je)

\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee) \$52.50 \$8.75

Control Number: K900035

STATE OF GEORGIA

Secretary of State
Corporations Division
313 West Tower
2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, Brian P. Kemp, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

HE & SF PROPERTIES, LP

a Domestic Limited Partnership

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number
Date Inc/Auth/Filed
Jurisdiction
Print Date
Form Number

d

B: P. Kemp Secretary of State

(((H17000108712 3)))