B23000000050

(Re	equestor's Name)			
(Ad	ddress)			
(Ad	idress)			
(Cit	ty/State/Zip/Phone #)			
PICK-UP	MAIL MAIL			
(Bi	usiness Entity Name)			
(Document Number)				
Certified Copies	Certificates of Status			
Special Instructions to Filing Officer:				
Qe	253			

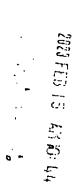
Office Use Only

LP0035



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11/28/22--01031--024 **1081.25



FEB 1 2023 M. SOLOMON

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: FHM Trade Limited Partn	rchip	
	ership or Limited Liability Limited Partnership	
The enclosed application, certificate of status and fe partnership to transact business in Florida. Please return all correspondence concerning this ma		ership or limited liability limited
Fernando Mercenari		
FHM Trade Limited Partnership)	
Firm/Company		
50 W Mashta Dr Ste 4		
Address		
Key Biscayne, FL 33149		
City, State and Zip Code bhasbach@inovaus.com		2023
E-mail address: (to be used for future annual repor	notification)	
For further information concerning this matter, pleas	e call:	
Bernardo Hasbach	305 219-0580	
Name of Contact Person	at (Area Code and Daytime Telephone Number	
Enclosed is a check for the following amount:		. #
□\$1,000.00 Filing Fee (\$965 Filing Fee and \$35 Registered Agent Fee) □\$1,008.75 Filing Fees and Certificate of Status	S1,052,50 Filing Fees and Certified Copy S1,061,25 Filing Fee Certified Copy, an Certificate of State	d
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, St	

Tallahassee, FL 32303

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

Acceptable Limited	d Partnership suffixes: Limited Partnersi	lity Limited Partnership, which must include suff. hip, Limited, L.P., LP, or Ltd.	•
Acceptable Limited	d Liability Limited Partnership suffixes:	Limited Liability Limited Partnership, L.L.L.P. or L.	LLP.
If name unavailab	ole, name under which the limited partner business in Florid	rship or limited liability limited partnership proposes a; must contain acceptable suffix.	to register to transact
2. Delaware		3. 06/05/2017	
	State or Country of Formation	Date of Formation	
4. Federal Employ	yer Identification Number: 85-4180841		
5. Name of Registe	ered Agent for Service of Process and l	Florida Street Address:	
SLN Management			
4095 S State Road	7 Ste 1.216		
Wellington, FL 334	440		
	117		
 I hereby accept of all statutes re my position as re 	lative to the proper and complete perform	agree to act in this capacity. I further agree to com- mance of my vaties, and I am familiar with and acce	ot the obligations of
			2023 FEB
7.6		re of registered Agent	
7. Principal Office: 50 W Mashta Dr Ste 4		8. Mailing Address:	-
		4095 S State Road 7 Ste L216	•
Key Biscayne, FL 33149 \		Wellington, FL 33449	
			— <u>, 5</u>
9. If limited partn	ership is a limited liability limited part	tnership, check box.	
10. Name, princip	al office address, and mailing address	of each general partner:	
Name of Gener	al Partner; HM Management LLC	Name of General Partner:	
Street Address:	4005 C Cinta David 7 Cin 1 214		
	Wellington, FL 33449		
Maining Address:	4095 S State Road 7 Ste L21		
	Wellington, FL 33449	Mailing Address:	
Name of Genera		Name of General Partner:	`
			
		Cen A 1.1	
		Street Address:	
Street Address:			

Page 1 of 2

Name of General Partner:	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 date.) Note: If the date inserted in this block does not meet the applicable st document's effective date on the Department of State's records.	e this document is filed by the Florida Department of State.) atutory filing requirements, this date will not be listed as the
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.	I having custody of the entity's records in the jurisdiction under
Signed this day of Movember	
The individual signing this document affirms that the facts stated here	general partner in are true and the individual 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.

Filing Fees:

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

Certified Copy (optional):

\$52.50

Certificate of Status (optional):

\$8.75

Page 2 of 2

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY THAT "FHM TRADE LIMITED PARTNERSHIP" IS

DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL EXISTENCE NOT HAVING BEEN CANCELLED OR

REVOKED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY

AUTHORIZED TO TRANSACT BUSINESS.

THE FOLLOWING DOCUMENTS HAVE BEEN FILED:

CERTIFICATE OF LIMITED PARTNERSHIP, FILED THE FIFTH DAY OF JUNE, A.D. 2017, AT 5:21 O'CLOCK P.M.

CERTIFICATE OF CHANGE OF REGISTERED AGENT, FILED THE THIRD DAY

OF MARCH, A.D. 2022, AT 2:19 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID

CERTIFICATES ARE THE ONLY CERTIFICATES ON RECORD OF THE

AFORESAID LIMITED PARTNERSHIP, "FHM TRADE LIMITED PARTNERSHIP".

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FHM TRADE

LIMITED PARTNERSHIP" WAS FORMED ON THE FIFTH DAY OF JUNE, A.D.

2017.



Authentication: 204862537

Date: 11-15-22

6435990 8310 SR# 20224023411



February 3, 2023

FERNANDO MERCENARI FHM TRADE LP 50 W MASHTA DR STE 4 KEY BISCAYNE, FL 33149

SUBJECT: FHM TRADE LP Ref. Number: W23000014639

We have received your document for FHM TRADE LP and check(s) totaling \$1061.25. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document must contain the name and business address of each general partner. (Note: All non-individual general partners must have an active registration with the Florida Dept. of State.)

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

Mel Solomon Senior Section Administrator

Letter Number: 423A00002627