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### **COVER LETTER**

TO:	_	tration Se	ction rporations				
			HR Partners Inc				
SUBJ	ECT:		Name	of corporation	n - must	include suffix	
			Tano	or corporain	n must	merade sarrix	
Dear S	Sir or M	adam:					
"Certif	ficate of	f Existence		e of Good St	anding"	and check are sub	et Business in Florida," mitted to register the
Please Troy V		all corres	oondence concerr	ning this matt	er to the	following:	
				Name o	f Person		
Halcyc	on HR Pa	artners Inc				(0	busing adding
РО Во	x 3529	(nai	lig)	Firm/Co	mpany	5710 M	hypical address cAndle ld. Christi, TX 78412
Runnir	ng Spring	gs, CA 923	18	Add	lress	Corpus	Chusti, TX 78412
				City/State	and Zip	code	
Lebrig	ht@halc	yonhr.com					
			E-mail addres	s: (to be used	for futu	re annual report n	otification)
For fu	rther inf	formation	concerning this r	natter, please	call:		
Linda	Ebright			909 at (	867	-9501	
	Name	e of Perso	n	Area Co	ode	Daytime Teleph	none Number
	Regis Divisi Clifto 2661 Tallah	tration Se on of Coon n Buildin Executive nassee, FL	porations g Center Circle . 32301			MAILING AI Registration So Division of Co P.O. Box 6327 Tallahassee, Fl	ection rporations
Enclos	ed is a	check for	the following am	ount:			
<b>5</b> \$70	).00 Fili	ing Fee	S78.75 Filir Certificate			'5 Filing Fee & fied Copy	■ \$87.50 Filing Fee, Certificate of Status & Certified Copy



### FLORIDA DEPARTMENT OF STATE Division of Corporations

October 8, 2015

TROY WALKER PO BOX 3529 RUNNING SPRINGS, CA 92382

SUBJECT: HALCYON HR PARTNERS INC

Ref. Number: W15000066967

2015 GOT 19 PH 2: 47

We have received your document for HALCYON HR PARTNERS INC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

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 your document, along with 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.

Jenna D Harris Regulatory Specialist II

Letter Number: 815A00021326

# 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.

	rtners Inc			
(Enter name of c	corporation; must include "INCORPORATED," "Corp," "Inc," "Co," or "Corp.")	COMPANY," "CORPORATION,"	,,	
(If name unavail	able in Florida, enter alternate corporate name ado	pted for the purpose of transacting	business in Florida)	
Texas	2			
(State or count	ry under the law of which it is incorporated)	(FEI number, if applicable)		
8/1/2008				
(Date of incorporation) 5		(Date of duration, if other than perpetual)		
·	2/2			
	(Date first transacted business in Fl	orida if prior to registration)		
	(SEE SECTIONS 607.1501 & 607.1502.	, <b>,</b>	y)	
5710 McArdle R			•	
	d, Corpus Christi, TX 78412			
		office address)		
		office address)		
	(Principal of unning Springs, CA 92382			
	(Principal of unning Springs, CA 92382	office address) ddress, if different)	20 IA	
PO Box 3529, R	(Principal of unning Springs, CA 92382  (Current mailing a	ddress, if different)	2015 C St.C: TALL	
PO Box 3529, R  Name and street	(Principal of unning Springs, CA 92382  (Current mailing a et address of Florida registered agent: (P.O. E	ddress, if different)	2015 OCT SLOKET TALLAHA	
PO Box 3529, R	(Principal of unning Springs, CA 92382  (Current mailing a et address of Florida registered agent: (P.O. E Registered Agent Solutions Inc	ddress, if different)	2015 OCT 19 SLOKETARY TALLAHASSI	
PO Box 3529, R  Name and stree  Name:	(Principal of unning Springs, CA 92382  (Current mailing a et address of Florida registered agent: (P.O. E	ddress, if different)	OCT 19 RETARY : AHASSER	
PO Box 3529, R  Name and street	(Principal of unning Springs, CA 92382  (Current mailing a et address of Florida registered agent: (P.O. E Registered Agent Solutions Inc	ddress, if different)	DOT I	

#### 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)

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. Nam	es and business addresses of officers and/or directors:			
A. DIRE				
Chairman:	Troy Walker			
Address:	PO Box 3529			
_	Running Springs, CA 92382			
Vice Chair	rman:			
_				
Director:				
Director				
Address.				
B. OFFI	CFDS	圣台	2015	
	Troy Walker	H A E E	30 (	
	PO Box 3529	Sy = 1	<u> </u>	E-Marriago E-Marriago
Address:	Running Springs, CA 92382	<u> </u>	P	ă <u>î</u> [
•		37,5	ش	to our
Vice Presid	dent:	55	<del></del>	
Address: _				
Secretary:				
Address:				
Treasurer:				
Address:				
NOTE: 1	If necessary, you may attach an addendum to the application listing additional officers and	or dire	ctors.	
12	Signature of Director or Officer			
	Signature of Director or Officer er or director signing this document (and who is listed in number 11 above) affirms that the nd that he or she is aware that false information submitted in a document to the Departmen	e facts s		
a third de	gree felony as provided for in s.817.155, F.S.			
13. <u>Troy</u>	Walker, President  (T) mad an printed name and consoits of names and igning application)		<del></del>	<del>.</del>
	(Typed or printed name and capacity of person signing application)			

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



## 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 Halcyon HR Partners, Inc. (file number 801011683), a Domestic For-Profit Corporation, was filed in this office on August 01, 2008.

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 September 15, 2015.



Carlos H. Cascos Secretary of State