F18000005926

(Ke	questor's Name)	
(Ad	ldress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(5)	nimana Catitus Nan	
(Bu	isiness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
tile	15+	
		ļ
<u> </u>		

Office Use Only



800322368068

2018 DEC 27 AM 10: 51

18 DEC 27 AMII: 24
DIVISION DE COLONE DIVISION DE COLONE DE LA COLONE DELA COLONE DE LA COLONE DELA COLONE DELA COLONE DELA COLONE DE LA COLONE DELA COLONE DELA COLONE DELA COLONE DE LA COLONE DELA COL

9EC 2 8 +

S. PRATHER

CT Corp.

3458 Lakeshore Drive, Tallahassee, FL 32312 850-656-4724

Da	te:	12/27/20	018		
	•		Acc#I201600	000072	25M
Name:	Halb	ower Hol	dings, Inc.		
Document #:					
Order #:	113	48691 -	Line 5		
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing:					
Apostille/Notarial Certification:			Country of Desti Number of Certs		
Filing:		Certified: Plain: COGS:			This is part of a 1-2 filing. File this first,
Availability Document Examiner Updater Verifier W.P. Verifier Ref#		Amount: \$	78.75		and LPs second
			Thank you		

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Halbower Holdings Inc.			
	on - must include suffix		
Dear Sir or Madam:			
The enclosed "Application by Foreign Corporation for "Certificate of Existence," or "Certificate of Good Stabove referenced foreign corporation to transact busing	anding" and check are submitted to register the		
Please return all correspondence concerning this matt	er to the following:		
Susan Storiale			
Name o	of Person		
Winston & Strawn LLP			
Firm/Co	ompany		
35 W. Wacker Drive			
Ado	lress		
Chicago, IL 60601			
City/State	and Zip code		
sstoriale@winston.com			
E-mail address: (to be used	d for future annual report notification)		
For further information concerning this matter, please	e call:		
Susan Storiale 312	558-5971		
Name of Person Area Co	ode Daytime Telephone Number		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
Enclosed is a check for the following amount:			
□ \$70.00 Filing Fee □ \$78.75 Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & ☐ \$87.50 Filing Fee, Certified Copy Certificate of Status & Certified Copy		

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.

Halbower Holdir	ngs Inc.			
(Enter name of co "Inc.," "Co.," "Co	orporation; must include "INCOR orp," "Inc," "Co," or "Corp.")	PORATED,""	company," "Corporation," opted for the purpose of transacting busine 6-0492031 (FEI number, if applicable)	2018 DEC 27 AM I
(If name unavaila	ble in Florida, enter alternate corp	porate name ado	opted for the purpose of transacting busine	ss in Plorida)
Delaware	Delaware		6-0492031 (FEI number, if applicable	
(State or country	y under the law of which it is inco	orporated)	(FEI number, if applicable	75: 0
07/06/2007				
(Date	(Date of incorporation)		(Date of duration, if other than per	petual)
j.				
	(SEE SECTIONS 607.1.	501 & 607.1502	lorida, if prior to registration) 2, F.S., to determine penalty liability)	
1001 10th Avenue	e South, Suite 216, Naples, Florid			
		(Principal	office address)	
				<u></u>
	((Current mailing	address, if different)	
N. N. T	a diline of Florida maintanni	lamenti (P.O.	Doy NOT accentable)	
. Name and stree	et address of Florida registered	ragent: (P.O.	Box NOT acceptable)	
Name:	C T Corporation System		<u> </u>	
Office Address:	1200 South Pine Island Road			
ymre , todieso.	Plantation	<u>-</u>	, Florida 33324 (Zip code)	
	(City)	_ ,,	(Zip code)	
Having been nam lesignated in this further agree to c	ent's acceptance: ned as registered agent and to application, I hereby accept comply with the provisions of familiar with and accept the o	accept service the appointmental statutes re	e of process for the above stated corpo ent as registered agent and agree to a lative to the proper and complete perj my position as registered agent.	ct in this capacity. I
	Kathering Schnider	Vathari	ne Schneider, Assistant Secretary	
В <u>у:</u>	Katherine Schnider	- Kathern		
		(Registered ag	gent'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. Names and business addresses of officers and/or directors: A. DIRECTORS Address: Vice Chairman: Address: ______ Matthew C. Halbower Address: 1001 10th Avenue South, Suite 216, Naples, Florida 34102 Address: **B. OFFICERS** President: Matthew C. Halbower 1001 10th Avenue South, Suite 216, Naples, Florida 34102 Vice President: Secretary: Treasurer: Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or-tirectors: 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.\$17.155, F.S.

(Typed or printed name and capacity of person signing application)

13. Matthew C. Halbower, Sole Director and President

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "HALBOWER HOLDINGS INC." IS DULY

INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS

OF THIS OFFICE SHOW, AS OF THE TWENTY-SIXTH DAY OF DECEMBER, A.D.

2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

Authentication: 204178796

Date: 12-26-18

4384740 8300 SR# 20188365793