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(Requestor's Name)			
(Address)			
(Ad	ldress)		
(Cit	ty/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL MAIL	
(Bu	siness Entity Nam	ne)	
(Do	cument Number)		
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I ILED 2020 SEP 28 PM 2: 37 SECRETARY OF STAFE

45 10/8/20

## **COVER LETTER**

TO:	Registration Section Division of Corpor						
SUBJ	ECT: Have Her Bac	k LLC					
		Name of corporati	on - mus	t include suffix			
Dear S	Sir or Madam:						
"Certi	ficate of Existence,"	by Foreign Corporation for "Certificate of Good Storporation to transact busi	anding" :	and check are sub		Z#SEP	-11
	Please return all correspondence concerning this matter to the following: $\frac{\sqrt{3}}{\sqrt{2}}$			28 PM	1		
		Name o	of Person		FSTATE	2: 3	
		Firm/Co	ompany		- <del> </del>		
3603.4	th Avenue						
		Ad	dress				_
Holme	s Beach, FL 34217						
-		City/State	and Zip	code	<del></del>		
accoun	tspayable@haveherbac						
	-	E-mail address: (to be use	d for futu	ire annual report n	otification)		
For fu	rther information cor	cerning this matter, pleas	e call:				
Susan	Rashid	at (312 Area Co	) 405	-8834			
	Name of Person	Area Co	ode	Daytime Telepl	hone Number		
	STREET/COURI Registration Section Division of Corpor The Centre of Talka 2415 N. Monroe St Tallahassee, FL 32	n ations ahassee treet, Suite 810		MAILING A. Registration S. Division of Co P.O. Box 6327 Tallahassee, F	ection orporations 7		
Please		following amount: : FLORIDA DEPARTME:  1 \$78.75 Filing Fee & Certificate of Status	□ \$78.7	TATE 75 Filing Fee & Ified Copy	S87.50 Fili Certificate Certified C	of Sta	

## 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.

Have Her Back I	LLC		
(Enter name of c	orporation: must include "INCORPORATE orp," "Inc." "Co," or "Corp.")	D." "COMPANY," "CORPORATION."	
(If name unavail:		me adopted for the purpose of transacting business in F	lorida)
2. Delaware		3. 84-2347661 (FEI number, if applicable)	
(State or countr	y under the law of which it is incorporated)	(FEI number, if applicable)	
July 2, 2019		5	
(Date	of incorporation)	5(Date of duration, if other than perpetual)	
6. September 1, 20.	20	<b>इ</b> . 2	<u> </u>
		ss in Florida, if prior to registration)	
7		office street address)	28 T
8. Name and stree	(Current ma et address of Florida registered agent: (	illing address, if different)	<del>?:</del> 37
Name:	Susan Rashid		
Office Address:	3603 4th Avenue		
	Holmes Beach	Florida 34217	
	(City)	(Zip code)	
designated in this further agree to c	ed as registered agent and to accept se application, I hereby accept the appoi	ervice of process for the above stated corporation intment as registered agent and agree to act in this relative to the proper and complete performance position as registered agent.	is capacity. 1
_	(Registered agent)	s signature)	
10. Attached is a	certificate of existence duly authenticate	ed, not more than 90 days prior to delivery of this	application to

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

under the law of which it is incorporated.

the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction

A. DIRECTORS					
□Chairman	Caroline Dettman Name:	□Chairman	Erin Gallagher Name:		
□Vice Chairman	Address:	□Vice Chairman	Address: 2240 W. North Ave, #2W		
□Director	Elmhurst, II. 60126	□Director	Chicago, IL 60647		
□President		□President			
□Vice President		□Vice President			
☐Secretary	☐Treasurer	☐ Secretary	□Treasurer		
FOUND!	ER □Other □	FOUNDE Other	R		
□Chairman	Pamela Culpepper	□Chairman	Name:		
□Vice Chairman	Address:	□Vice Chairman	Address: PREP		
□Director	19850 E. McDowell Mountain Ranch Rd	□Director			
□President	#1025	□President	388		
□Vice President	Scottsdale, AZ 85260	□Vice President			
□Secretary	□Treasurer	☐ Secretary	Riam 3 □ Ireasurer 7		
■Other	ER □Other	Other			
□Chairman	Name:	□Chairman	Name:		
□Vice Chairman	Address:	□Vice Chairman	Address:		
□Director		□Director			
□President		□President	~		
□Vice President		□Vice President			
☐ Secretary	☐ Treasurer	□Secretary	□Treasurer		
□Other	Other	□Other	Other		
Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuo 1 may be added to the index when filing your Florida Department of State Annual Report form.  12. 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.

, CAROLINE DETTMAN



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

DELAWARE, DO HEREBY CERTIFY "HAVE HER BACK LLC" IS DULY FORMED

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

HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS

OF THE TWENTY-FIRST DAY OF SEPTEMBER, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HAVE HER BACK

LLC" WAS FORMED ON THE SECOND DAY OF JULY, A.D. 2019.

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

Jeffrey W. Bullock, Secretary of State

Authentication: 203694822

Date: 09-21-20

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