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(F	Requestor's Name)		
(A	Address)		
(F	Address)		
(0	City/State/Zip/Phone #)		
PICK-UP	WAIT	MAIL	
(E	Business Entity Name)		
(Document Number)			
Certified Copies	Certificates of	Status	
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## **COVER LETTER**

TO: Registration Set Division of Co				
SUBJECT: LHi GRO	OUP INC.			
	Name of	corporation	- must include suffix	
Dear Sir or Madam:				
	ce." or "Certificate of	Good Stand	Authorization to Transact I ding" and check are submi ss in Florida.	
Please return all corres	pondence concerning	this matter	to the following:	
Edward Parkes				
		Name of I	Person Person	
LHi GROUP INC.				
		Firm/Com	pany	
123 William Street, FL 1	4			
		Addre	SS	
New York, NY 10038				
	(	City/State ar	nd Zip code	
e.parkes@wearelhi.com				
	E-mail address: (	to be used f	or future annual report not	ification)
For further information	concerning this matt	er, please c	all:	
Edward Parkes	te:	646	ea Code Daytime Telephone Number	
Name of Perso	on at	Area Code	Daytime Telephor	ne Number
Registration Se Division of Co The Centre of	orporations Tallahassee oe Street, Suite 810		MAILING ADI Registration Sect Division of Corp P.O. Box 6327 Tallahassee, F1.	tion orations
Enclosed is a check for Please make check payab \$70.00 Filing Fee		ARTMENT ¹ee & □		□ \$87.50 Filing Fee, 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.

LHi GROUP IN	C.			
(Enter name of c	orporation; must include "INCORPORATED," " orp," "Inc." "Co," or "Corp.")	COMPANY," "CORPORATION,		
LHi W2 Inc.				
(If name unavail	able in Florida, enter alternate corporate name ado	pted for the purpose of transacting	business in Florida)	
DE	3 32	3 32-0470773		
	y under the law of which it is incorporated)	rted) (FEI number, if applicable)		
02/06/2015	5			
(Date of incorporation)		(Date of duration, if other than perpetual)		
).				
·	(Date first transacted business in Fl (SEE SECTIONS 607.1501 & 607.1502	orida, if prior to registration)		
123 William Stra		, r.s., to determine penaity naminy	· <b>)</b>	
- TEST WHITEHE	et, FL 14, New York, NY 10038  (Principal office)	utunatkilasas		
	(Principal office	street address)		
	(Current mailing a	ddress, if different)	· <del>2, 2</del>	
	(Current manning t	daress, it differenty	l Di	
3. Name and stree	et address of Florida registered agent: (P.O. I	Box NOT acceptable)	ALLY DEC 10	
	Registered Agents Inc.	<u></u> ,	7.00	
Name:	regiment rights me.		P. P.	
Office Address:	7901 4th St N. STE 300	_	PH 5: 16	
	St. Petersburg	. Florida 33702	高いる	
	(City)	(Zip code)		

## 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.

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.

A. DIRECTORS					
□Chairman	Name:	□Chairman	Name: Edward Parkes		
□Vice Chairman	Address:	□Vice Chairman Address: 123 William Street			
Director	Suite 300	Director	FL 14		
■President	Austin, TX, 78701	□President	New York, N	Y 10038	
□Vice President		□Vice President	·	-	
☐ Secretary	□Treasurer	☐ Secretary		Treasurer	
□Other	□Other	□Other	<del></del>	□Other	
□Chairman	Lee Forbister	□ Chairman	Name:		
□Vice Chairman	Address: 123 William St FL 14	□Vice Chairman			
□Director	New York, NY 10038	Director			
□President		□President			
□Vice President		□Vice President			
■ Secretary	□Treasurer	□ Secretary		□Treasurer	
□Other	Other	□Other	<del></del>	□Other	
Chairman	Name:	□Chairman	Name:	ALL DE	
ÜVice Chairman	Address:	☐Vice Chairman	Address:		
□Director		□Director		2000	
□President		□President			
□Vice President		□Vice President		<u> </u>	
□ Secretary	□ Treasurer	□Sceretary		Treasurer	
□Other	□Other	□Other		⊕Other	
12. Edu. The officer or direc	Jse an attachment to report more than six (6). The attachment to the index when filing your florida Department Signature of Director of tor signing this document tand who is listed in number is information submitted in a document to the Department.	nt of State Annual Re r Officer r I I above) affirms th	port form,	herein are true and that he or	
Edward Park	es, Director/Treasurer				

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

DELAWARE, DO HEREBY CERTIFY "LHI GROUP 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 TENTH DAY OF NOVEMBER, A.D. 2020.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "LHI GROUP INC."

WAS INCORPORATED ON THE SIXTH DAY OF FEBRUARY, A.D. 2015.

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





Authentication: 204051411

Date: 11-10-20