21000007424

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(Address)
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(City/State/Zip/Phone #)
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COVER LETTER

TO:	Registration Se Division of Cor					
SHR	JECT:		HF	Γ Manag	ement Inc	
000		Nam	e of corpora	tion - mus	t include suffix	
Dear S	Sir or Madam:					
"Certi		e." or "Certifica	ite of Good	Standing"	and check are sub	ect Business in Florida," omitted to register the
Please	return all corresp	ondence conce	ming this m	atter to the	following:	
			Crai	g Heard		
			Namo	of Persor	1	
	HI	FT Managem	ent Inc/ G	ateway (Outdoor Advert	ising
			Firm/0	Company		
			18 Pleasa	nt Grove	e Rd	
			A	ddress		
			Long Valle	ey, N J 07	7853	
			City/Sta	te and Zip	code	
		chea	ardjr@gate	ewayouto	door.com	
		E-mail addre	ss: (to be us	sed for futi	are annual report	notification)
For fu	rther information	concerning this	matter, plea	ase call:		
	Craig He	ard	at (90	08)	684-8	122
	Name of Perso	n	Area	Code	Daytime Telep	hone Number
	STREET/COU Registration Sc Division of Cor Clifton Building 2661 Executive Tallahassee, FL	porations g Center Circle	ess:		MAILING A Registration S Division of C P.O. Box 632 Tallahassee, I	Section orporations 7
Enclo	sed is a check for	the following a	mount:			
rı \$7	0.00 Filing Fcc	□ \$78.75 Fil Certificate	ing Fee & e of Status		75 Filing Fec & ified Copy	Certificate of Status &



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301

P: 866.625.0838 F: 866.625.0839

COGENCYGLOBAL.COM

Account#: I20000000088

Date:	12/28/2021			
	Chris Vick			
	1551957			
	e:HFT MA	NAGEMENT, INC.		
✓ Articl	es of Incorporation/Authorization	on to Transact Business		
Ame	ndment			
☐ Char	☐ Change of Agent			
☐ Reins	Reinstatement			
☐ Conv	Conversion			
☐ Merg	☐ Merger			
Disso	☐ Dissolution/Withdrawal			
☐ Fictiti	☐ Fictitious Name			
✓ Othe	rCERTI	FIED COPY UPON FILING		
Authorized /	Amount \$78.75			



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 120000000088

Date:	12/28/2021	
	Chris Vick	<u> </u>
	±1551957	
	e:HFT MAI	NAGEMENT, INC.
✓ Articl	es of Incorporation/Authorizatio	n to Transact Business
Ame	ndment	
☐ Char	nge of Agent	
Reins	statement	
☐ Conv	version	
☐ Merg	ег	
☐ Disso	olution/Withdrawal	
☐ Fictiti	ious Name	
✓ Othe	rCERTIF	IED COPY UPON FILING
Authorized /	Amount \$78.75	

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.

l.	HFT Management, Inc. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"					
	(Enter name of cor "Inc.," "Co.," "Cor	rporation; must include "INCORPORATED." pp." "Inc," "Co," or "Corp.")	COMPANY," "CORPORATION,"			
		Gateway Outdoor Advertising JNC				
	(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)					
2		Pennsylvania	223179699			
	(State or country	Pennsylvania 3	(FEI number, if applicable)			
4.		6/23/1992 _{5.}	(Date of duration, if other than perpetual)			
	(Date o	of incorporation)	(Date of duration, if other than perpetual)			
6.						
		(Date first transacted business in F (SEE SECTIONS 607,1501 & 607,150	lorida, if prior to registration) 2, F.S., to determine penalty liability)			
7.		18 Pleasant Grove Rd, Lor	ng Valley, NJ 07853			
		(Principal	office address)			
8.	Name and street	(Current mailing address of Florida registered agent: (P.O.	address, if different) Box NOT acceptable)			
	Name:	COGENCY GLOBAL INC.				
O	ffice Address:	115 North Calhoun Street, Suite	<u>, </u>			
		Tallahassee (City)	, Florida 32301			
		(City)	(Zip code)			
H de fu	esignated in this a crther agree to co	d as registered agent and to accept service application, I hereby accept the appointment in mply with the provisions of all statutes relimiter with and accept the obligations of the ob	of process for the above stated corporation at the place nt as registered agent and agree to act in this capacity. I ative to the proper and complete performance of my ny position as registered agent.			
		Jonathan Beenick Assistant S	ecretary			
	-	(Registered ag	ent'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	
Chairman:	Craig Heard
Address:	2 Alcott Way, Succasunna, NJ 07876
Vice Chairman:	
B. OFFICERS President:	Craig Heard
Address:	
Address:	
Secretary:	Craig Heard Jr
Address:	3 Longfellow Dr, Succasunna, NJ 07876
Treasurer:	
Address:	
	a may attach an addendum to the application listing additional officers and/or directors.
The officer or director sig	Signature of Director or Officer gning 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.

Craig Heard

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF STATE 12/16/2021

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT.

HFT MANAGEMENT, INC.

is duly registered as a Pennsylvania Business Corporation under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.

OF THE COLLEGE OF THE

IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written

Acting Secretary of the Commonwealth

Newmen W. Degras

Certification Number: TSC211216161916-1

Verify this certificate online at http://www.corporations.pa.gov/orders/verify