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S. ROBERTS FEB - 7 2023

COVER LETTER

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TO:	Registration Section		
	Division of Corporations		

SUBJECT: Horizon HST Corp.

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida." "Certificate of Existence." or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Thutrung Alexis Nguyen

	Name	of Person
Horizon HST Corp.		
	Firm/C	ompany
4730 N. Habana Ave, Suite 3	05	
	Ad	ldress
Tampa, FL 33614		
<u> </u>	City/Stat	e and Zip code
alexis@jobgraze.com		
	E-mail address: (to be use	ed for future annual report notification)
For further information cos Thutrung Alexis Nguyen	ncerning this matter, pleas	se call:
Name of Person	at (Area C	Code Daytime Telephone Number
STREET/COUR Registration Section Division of Corpo The Centre of Tall 2415 N. Monroe S Tallahassee, FL 3	on rations ahassee treet, Suite 810	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
Enclosed is a check for the Please make check payable to \$70.00 Filing Fee	 following amount: FLORIDA DEPARTME \$78.75 Filing Fee & Certificate of Status 	CNT OF STATE S78.75 Filing Fee & S87.50 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.

1	Horizon	HST	Corp.
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(Enter name of corporation: must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp." "Inc." "Co." or "Corp.")

(If name unavaila	able in Florida, enter alternate corporate name :	adopted for the purpose of transacting business in Flo	orida)	
Delaware	3.	92-0327309		
(State or countr	3. y under the law of which it is incorporated)	(FEI number, if applicable)		
September 13, 2	022 5.			
(Date of incorporation)		5(Date of duration, if other than perpetual)		
)				
	(Date first transacted business ir (SEE SECTIONS 607.1501 & 607.15	i Florida. if prior to registration) 502, F.S., to determine penalty liability)		
16192 Coastal Hi	ghway, Lewes, DE 19958		~	
·		ce street address)	620	
4730 N. Habana	Ave, Suite 305, Tamp FL 33614			
	(Current mailin	g address, if different)	1023 .1.2 1.2 19	
I. Name and <u>stree</u>	t address of Florida registered agent: (P.C). Box <u>NOT</u> acceptable)	~	
Name:	Urmila Sharma		(
Office Address:	4730 N. Habana Ave. Suite 305			
	Tampa	. Florida ³³⁶¹⁴		
	(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 a_i^c 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.

A. DIRECTORS			
⊡Chairman	Thutrung Alexis Nguyen Name:	Chairman	Diemcac Vuong Name:
□Vice Chairman	4730 N. Habana Ave Address:	□Vice Chairman	4730 N. Habana Ave Address:
Director	Suite 305	Director	Suite 305
President	Tampa, Ft. 33614		Tampa, FL 33614
□Vice President		Vice President	
Secretary	☐ 'freasurer		Treasurer
Other	Dother	□Other	ŪOther
□Chairman	Urmila Sharma	□Chainnan	Bangthanh Nguyen
	4730 N. Habana Ave		4730 N. Habana Ave Address:
□Vice Chairman	Suite 305		Suite 305
Director	Tampa, FL 33614	Director	Tampa, FL 33614
President		President	
□Vice President		□Vice President	
Secretary	Treasurer	Secretary	Treasurer
Other	□Other	□Other	Other
□Chairman	Name:		Name:
			Address:
Uvice Chairman	Address:		Address
Director		Director	
President		President	
□Vice President		□Vice President	
□Secretary	[]]Treasurer	CSecretary	Treasurer
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 individuals may be added to the index when filing your Florida Department of State Annual Report form.

na 12. Congnature 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 \$.817.155, F.S.

13. Thutrung Alexis Nguyen, President

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HORIZON HST CORP." 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 NINTH DAY OF JANUARY, A.D. 2023.



leffrey W. Bullock, Secretary of State

Authentication: 202454936 Date: 01-09-23

Page 1

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SR# 20230066072 You may verify this certificate online at corp.delaware.gov/authver.shtml