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COVER LETTER

TO: Registration Section
Division of Corporations
SUBJECT: HSP ENTERPRISES FUE. 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:
TEFFREY L. BARWS Name of Person
HSP ENTERPRISES, Fre
Firm/Company
665 Simonds Rd AR The Address
City/State and Zip code
** ^=/ / PI
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Phrases at (413) 458-4531
Name of Person Area Code Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPARTMENT OF STATE \$70.00 Filing Fee \$78.75 Filing Fee & \$78.75 Filing Fee & \$87.50 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy Fee paid 4 11 22 Doc # W22000052874 Rejected Filing -

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.

"Inc.," "Co.," "Co	rp," "Inc," "Co," or "Corp.")	ED," "COMPANY," "CORPORATION,"	
(If name unavaila	ble in Florida, enter alternate corporate nat	me adopted for the purpose of transacting business in Flor	ida)
Delaware		3. (FEI number, if applicable)	
(State or country	under the law of which it is incorporated)	(FEI number, if applicable)	
10/20/21			
(Date	of incorporation)	5(Date of duration, if other than perpetual)	
01/01/2022			
	1 Ste 200; Boca Raton, FL 33431	7.1502, F.S., to determine penalty liability) office street address)	··· .
	(Current ma	ailing address, if different)	
. Name and stree	et <u>address</u> of Florida registered agent: (Kathi Mosier	(P.O. Box <u>NOT</u> acceptable)	LHASSET, FLORID
Name:			i₀ -
Name:	5550 Glades Road Ste 200		ु इंद
		, Florida	1: 58 0:8177

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.

(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.

□Chairman	Name:	□Chairman	Name: 665 Simonds Road Address: Williamstown, MA 01267			
□Vice Chairman	Address:	□Vice Chairman				
Director	Williamstown, MA 01267	□Director				
■ President		□President				
□Vice President		■Vice President				
☐ Secretary	□Treasurer	☐ Secretary		□Treasurer		
Other	Other	Other		□Other		
□Chairman	Name:	Chairman	Name:			
□Vice Chairman	665 Simonds Road		Address:			_
□Director	Williamstown, MA 01267	_ Director				
□President		_ President				
■Vice President		_ □ Vice President				
□Secretary	□Treasurer	□Secretary		□Treasurer		2023
Other	□Other	Other		□Other	第二	MAR 2
□Chairman	Kathi Mosier	□ Chairman	Name:		SSEE, FL	0 P#
□Vice Chairman	665 Simonds Road	– □Vice Chairman			025 225 235 235 235 235 235 235 235 235 2	-: 5
☐Director	Williamstown, MA 01267	_ _ Director				
□President		_ □President				
□Vice President		_ □Vice President				
☐ Secretary	■ Treasurer	Secretary		□Treasurer		
□Other	Other	Other		□Other		
individuals may be	Use an attachment to report more than six (6). e added to the index when filing your Florida E	Department of State Annual R	eport form.			
12	Signature of D	Pirector or Officer				

13. Kathi Mosier



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

DELAWARE, DO HEREBY CERTIFY THAT "HSP ENTERPRISES, INC." IS DULY

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

STANDING AND HAS A LEGAL CORPORATE EXISTENCE NOT HAVING BEEN

CANCELLED OR DISSOLVED SO FAR AS THE RECORDS OF THIS OFFICE SHOW

AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

THE FOLLOWING DOCUMENTS HAVE BEEN FILED:

CERTIFICATE OF INCORPORATION, FILED THE TWENTIETH DAY OF OCTOBER, A.D. 2021, AT 1:10 O'CLOCK P.M.

CERTIFICATE OF AMENDMENT, CHANGING ITS NAME FROM "HSP HOLDINGS

3, INC." TO "HSP ENTERPRISES, INC.", FILED THE TWELFTH DAY OF

NOVEMBER, A.D. 2021, AT 3:37 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID

CERTIFICATES ARE THE ONLY CERTIFICATES ON RECORD OF THE

AFORESAID CORPORATION, "HSP ENTERPRISES, INC.".

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

Authentication: 202675681

Date: 02-09-23

Page 2



AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HSP ENTERPRISES, INC." WAS INCORPORATED ON THE TWENTIETH DAY OF OCTOBER, A.D. 2021.

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

ANYS OF THE STATE OF THE STATE

Authentication: 202675681

Date: 02-09-23



April 21, 2022

KATHI MOSIER 665 SIMONDS RD WILLIAMSTOWN, MA 01267

SUBJECT: HSP ENTERPRISES, INC

Ref. Number: W22000052874

We have received your document for HSP ENTERPRISES, INC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 822A00009298

Consina Griffin-Greaux Regulatory Specialist II

www.sunbiz.org



March 7, 2023

KATHI MOSIER 665 SIMONDS RD WILLIAMSTOWN, MA 01267

SUBJECT: HSP ENTERPRISES, INC

Ref. Number: W22000052874

We have received your document for HSP ENTERPRISES, INC. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Pursuant to section 607.1502(4), 617.1502(4) or 605.0904(7), Florida Statutes, this entity is liable for a civil penalty of at least \$500 but not more than \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification. In addition to this civil penalty, the appropriate annual report fees that would have been due this office had the entity qualified the year it began operations in this state are also due. The amount due this office to cover both annual report(s) and penalty fees is \$150.00.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

#910040 5120-001-00

Mel Solomon Senior Section Administrator

Letter Number: 523A00005346

RECEIVED

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