

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

14 JUN '15 AM 8:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (1/14)

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L09000099751

1. Limited Liability Company's Name
HH Property Network LLC

2. Principal Office Address - No P.O. Box # 8694 SW 51 Place		3. Mailing Office Address 8694 SW 51 Place	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Cooper City		City & State FL	
Zip 33328	Country	Zip 33328	Country

4. State/Country of Formation
Florida

5. Date Organized or Qualified To Do Business in Florida

6. FEI Number Applied For
 Not Applicable

7. CERTIFICATE OF STATUS DESIRED \$5.00 A Additional Fee is required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name
Sofiye, Williams, Esquire

Street Address (P.O. Box Number is Not Acceptable)
500 East Broward Blvd

Suite, Apt. #, Etc.
1710

City
Fort Lauderdale

State
FL

Zip Code
33180

100260356941
06/05/14--01017--007 ***100.00

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent *Sofiye Williams* **REGISTERED AGENT MUST SIGN**

Date May 23, 2014

10. Names and Street Addresses of Authorized Representatives/Managers

Title	Name of Authorized Representative/Manager	Street Address of Each Authorized Representative/Manager	City / State / Zip
Mgm	LV Investment Sovereign	8694 SW 51 Place	Cooper City, FL 33328
Mgm	Houri, Haguit	8694 SW 51 Place	Cooper City, FL 33328

JUN 5 2014
M. WILLIAMS

11. E-mail Address: lohanna@energysmartindustry.com
(To be used for future annual report notifications)

12. I certify that I am an authorized representative/manager of the receiver or trustee empowered to execute this application as provided for in Chapter 605, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 605.0012, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted to the Department of State constitutes a third degree felony as provided in s. 817.165, F.S.

Signature of Authorized Representative/Manager *[Signature]* Date 5/23/14 Daytime Phone # 921-920-0098

Typed or printed name of signing Authorized Representative/Manager