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TALLAHASSEE, FLORIDA

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CR2E027 (9/10) COVER LETTER				
TO: Registration Section Division of Corporations				
Hare Squared LLC SUBJECT:				
Name of Limited Liability Company				
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida				
Please return all correspondence concerning this matter to the following:				
Paxton Hare				
Name of Person				
Hare Squared LLC				
Firm/Company				
779 Cypress Crossing Trail				
Address				
St Augustine, FL 32095				
City/State and Zip Code				
paxton@haresquared.com				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Paxton Hare 321 917-2068				
Name of Person Area Code & Daytime Telephone Number				
MAILING ADDRESS: STREET ADDRESS:				

Division of Corporations Registration Section

P.O. Box 6327 Tallahassee, FL 32314 Division of Corporations Registration Section Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Enclosed is a check for the following amount:

\$125.00 Filing Fee

□ \$130.00 Filing Fee & Certificate of Status

□ \$155.00 Filing Fee & Certified Copy

☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608503. FLORIDA STATUTES. THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: Hare Squared LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C," "LLC.") Commonwealth of Virginia (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) 3/23/2012 perpetual (Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual") (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) 779 Cypress Crossing Trail St. Augustine, FL 32095 (Street Address of Principal Office) 8. If limited liability company is a manager-managed company, check here 9. The name and usual business addresses of the managing members or managers are as follows: Paxton Hare 779 Cypress Crossing Trail St. Augustine, FL 32095 10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.) 11. Nature of business or purposes to be conducted or promoted in Florida: IT consulting and iPhone application development Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation water the 1 penalties of perjury that the facts stated herein are true. I am aware that any 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.)

Typed or printed name of signee

Paxton Hare

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

The name of the Limited Liability Company is: Hare Squared LLC				
If unavailable,	the alternate to be use	ed in the state of Florida is:		
2. The name a	nd the Florida street a	ddress of the registered agent and office are:		
	(Name)			
	779 Cypress Cros	esing Trail		
	Florida Street Address (P.O. Box NOT ACCEPTABLE)		-	
	St Augustine	32095 FL		
		City/State/Zip	, man	

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.

(Signature)

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

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State Corporation Commission

CERTIFICATE OF FACT

I Certify the Following from the Records of the Commission:

That Hare Squared LLC is duly organized as a limited liability company under the law of the Commonwealth of Virginia;

That the date of its organization is March 23, 2012; and

That the limited liability company is in existence in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.

JAVIS JAVISSION

Signed and Sealed at Richmond on this Date: July 26, 2013

Joel H. Peck, Clerk of the Commission

CISECOM

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