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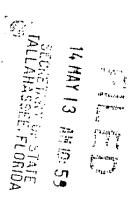
(Requestor's Name)					
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PICK-UP WAIT MAIL					
(Business Entity Name)					
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Certified Copies Certificates of Status					
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COVER LETTER

Registration Section
Division of Corporations

TO:

SUBJECT: HH13, LLC
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:
Philip J. Feldman
Name of Person
HH13, LLC
Firm/Company
1877 S. Federal Hwy., Suite 302
Address
Boca Raton, FL 33432
City/State and Zip Code
pfeldman13@gmail.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Philip J. Feldman 620-6000
Name of Contact Person Area Code Daytime Telephone Number
MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301
Enclosed is a check for the following amount: I \$125.00 Filing Fee

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: 1 HH13, 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. The alternate name must include "Limited Liability Company," "L.L.C," or "LLC.") _{2.} Delaware (Jurisdiction under the law of which foreign limited liability (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 1877 S. Federal Hwy., Suite 302 Boca Raton, FL 33432 (Street Address of Principal Office) 1877 S. Federal Hwy., Suite 302 Boca Raton, FL 33432 (Mailing Address) 7. The name, title or capacity and address of the person(s) who has/have authority to manage is/ares Philip J. Feldman, Manager 1877 S. Federal Hwy., Suite 302 Boca Raton, FL 33432 8. 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)

Signature of an authorized person

(In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the 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.)

Philip J. Feldman, Authorized Representative

Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 6050902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name	of the Limited Liability Cor _LC	mpany is:			_
If unavailable	e, the alternate to be used in	the state of Florida is:			
2. The name	and the Florida street addre	ss of the registered agent and office are:			-
	Philip J. Feldman				
		(Name)			
	1877 S. Feder	al Hwy., Suite 302	6%		
	Florida Street	Address (P.O. Box NOT ACCEPTABLE)	TALL	141	p (d . r 1979
	Boca Raton	33432	AH	TAY Y	raticipe H
	City/State/Zip		— 63. 83.	$\overline{\omega}$	द्वाचा र र्ष
			inc.	777	f il
liability comp registered ago statutes relati	any at the place designated i ent and agree to act in this cong to the proper and comple	nd to accept service of process for the about this certificate, I hereby accept the approperate. I further agree to comply with the teperformance of my duties, and I am fair egistered agent as provided for in Chapte	pointment as ne provision miliar with	s of al and	rancari I

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

Delaware

PAGE 1

The First State

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

DELAWARE, DO HEREBY CERTIFY "HH13, LLC" IS DULY FORMED UNDER THE

LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A

LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF

THE NINTH DAY OF MAY, A.D. 2014.

14 MAY 13 AM 10: 59
SECURE LANGS SEE, FLORIDA

5374684 8300

140596525

AUTHENTY CATION: 1359119

DATE: 05-09-14

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