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COVER LETTER

	HOA Capital Adv	me of Limited Liability Company
		ability Company for Authorization to Transact Business in Florida," Certific above referenced foreign limited liability company to transact business in F
Please return	all correspondence concerning this m	natter to the following:
	Melissa	
		Name of Person
	ISL	
		Firm/Company
		Address
	Tallahassee, Fl	L 32031
		City/State and Zip Code
	e.tibbs@hoa-ca	apital.com
	E-mail address	ss: (to be used for future annual report notification)
	formation concerning this matter, plea	ease call:
For further in	,,,	
	elissa	,656-7956
		at (
M _{MA}	Part of Contact Person ILING ADDRESS:	Area Code Daytime Telephone Number STREET ADDRESS:
MA Divi	Name of Contact Person ILING ADDRESS: ision of Corporations	Area Code Daytime Telephone Number STREET ADDRESS: Division of Corporations
MA Divi Regi	Name of Contact Person ILING ADDRESS: ision of Corporations istration Section	Area Code Daytime Telephone Number STREET ADDRESS: Division of Corporations Registration Section
MA Divi Regi P.O.	Name of Contact Person ILING ADDRESS: ision of Corporations	Area Code Daytime Telephone Number STREET ADDRESS: Division of Corporations
MA Divi Regi P.O. Talla	Name of Contact Person ILING ADDRESS: ision of Corporations istration Section Box 6327	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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:

FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:
1. HOA Capital Advisors, 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 company is organized) 3. 47-1201635 (FEI number, if applicable)
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)
4. N/A
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
5. 1701 Pennsylvania Avenue, Suite 300
Washington, DC 20006
(Street Address of Principal Office)
6. 1701 Pennsylvania Avenue, Suite 300
Washington, DC 20006
(Mailing Address)
7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:
HOA Capital Holdings, LLC, sole member
1701 Pennsylvania Avenue, Suite 300
Washington, DC 20006
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)
E. E. XI. J.
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 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.)
Eugene E. Tibbs, Jr.

Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (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.

HOA Capital Advisors, LLC			
If unavailable, the alternate to be used in the	ne state of Florida is:	·	
2. The name and the Florida street address	of the registered agent and office are:		
Registered Agent Solutions, Inc.			
	(Name)		
155 Office Plaza Dr., Suite A			
Florida Street Address (P.O. Box NOT ACCEPTABLE)			
Tallahassee	32301		
	City/State/Zip		

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 605, Florida Statutes.

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HOA CAPITAL ADVISORS, 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 JULY, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HOA CAPITAL ADVISORS, LLC" WAS FORMED ON THE FOURTEENTH DAY OF MARCH, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

5499143 8300

140932479

DATE: 07-09-14

AUTHENTY CATION: 1519247

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