

MY000007238

(Requestor's Name)

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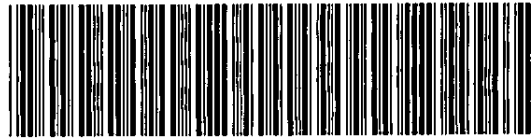
(Business Entity Name)

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14 OCT - 7 PM 4:48

FILED
14 OCT - 7 AM 11:51
SECRETARY OF STATE
FALL ARCADE, FLORIDA

OCT 08 2014

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155 Office Plaza Dr Ste A Tallahassee FL 32301

PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 10-07-14

NAME: HHTPI, LLC

TYPE OF FILING: FOREIGN LIMITED LIABILITY COMPANY

COST: 125.00

RETURN: PLAIN

FILED
14 OCT -7 12 11:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

Abbie Hodge

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A
FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:

1. HHTPI, 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. CA 3. 46-5765879
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. _____
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 8711 Monroe Court St A
Rancho Cucamonga CA 91730
(Street Address of Principal Office)

6. 8711 Monroe Court St A
Rancho Cucamonga CA 91730
(Mailing Address)

7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Jed Davis, Manager
8711 Monroe Court St A
Rancho Cucamonga CA 91730

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.)

Benjamin Stueckle
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.

1. The name of the Limited Liability Company is:

HHTPI, LLC

If unavailable, the alternate to be used in the state of Florida is:

2. The name and the Florida street address of the registered agent and office are:

TRAC - The Registered Agent Company
(Name)

1574 Village Square Blvd., Suite 100
Florida Street/Address (P.O. Box NOT ACCEPTABLE)

Tallahassee FL 32309
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.

Kelley J. Miller
(Signature)

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

FILED
14 OCT -7 AM 11:57
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

State of California
Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME: HHTP1, LLC

FILE NUMBER: 201414310387
FORMATION DATE: 05/23/2014
TYPE: DOMESTIC LIMITED LIABILITY COMPANY
JURISDICTION: CALIFORNIA
STATUS: ACTIVE (GOOD STANDING)

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14 OCT -7 10:11:52
SECRETARY OF STATE
SALVADOR

I, DEBRA BOWEN, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate
and affix the Great Seal of the State of California this
day of October 2, 2014.

Debra Bowen

DEBRA BOWEN
Secretary of State