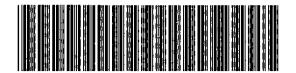
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(Re	equestor's Name)	
, (Ac	ldress)	
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PICK-UP	WAIT	MAIL
(Ви	siness Entity Name)	
(Ďc	ocument Number)	
Certified Copies	_ Certificates of	Status
Special Instructions to	Filing Officer:	
	Office Use Only	



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#### **COVER LETTER**

TO: Registration Section Division of Corporations							
SUBJECT: Heclub, 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:							
Amanda Miller							
Name of Person							
DUGGAN BERTSCH, LLC							
Firm/Company							
303 West Madison Street, Suite 1000							
Address							
Chicago, IL 60606							
City/State and Zip Code							
dlittwin@dugganbertsch.com							
E-mail address: (to be used for future annual report notification)							
E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:							
Amanda Miller at 312 263-8600							
Name of Contact Person Area Code Daytime Telephone Number							
MAILING ADDRESS:  Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314  STREET ADDRESS: 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 Certificate of Status  □ \$155.00 Filing Fee & □ \$160.00 Filing Fee, Certificate Certificate Opy  □ \$160.00 Filing Fee, Certificate Opy							

#### 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. Heclub, 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 "Lim	ited
Liability Company," "L.L.C," or "LLC.")	mende Emi	iicu
<sub>2.</sub> Delaware <sub>3.</sub> 47-1995831		
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)	-	
<sub>4.</sub> Upon Registration		
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)		
5. 9999 Collins Avenue, Apt 4G		
Bal Harbour, FL 33154	:: <u>                                   </u>	
(Street Address of Principal Office)		-
5. 9999 Collins Avenue, Apt 4G		3
Bal Harbour, FL 33154	20 366	[
(Mailing Address)		1413
7. The name, title or capacity and address of the person(s) who has/have authority to manage	5 See: 5.	
Guillermo Herrera and Clara Herrerra, Managers	32 32	
9999 Collins Avenue, Apt 4G		
Bal Harbour, FL 33154		
3. Attached is an original certificate of existence, no more than 90 days old, duly authenticated having custody of records in the jurisdiction under the law of which it is organized. (A photoconceptable. If the certificate is in a foreign language, a translation of the certificate under oath on must be submitted)	py is not	
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 fa	usts stated herei	n ore t-
in accordance was section 003.0203, r.S., in execution to his document constitutes at an infinite in the penalties to perjuly that the tax may have that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in a		ıı aıc uı

Guillermo Herrera, Manager

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 Heclub	of the Limited Liability Co	mpany is:			
If unavailable	e, 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:		re to	2014		
	NATIONAL CORI	PORATE RESEARCH, LTD., INC.	<b>多</b> 語	0CT	Caraman Jenes St. #5
		(Name)	SSS ANY	20	T.
	155 Office Pl	aza Drive	E G	PH	
Florida Street Address (P.O. Box NOT ACCEPTABLE)		97	12: 32		
	Tallahassee	FI 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

S 30.00 Certified Copy (optional)

S 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 "HECLUB, 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 SIXTEENTH DAY OF OCTOBER, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HECLUB, LLC" WAS FORMED ON THE TWENTY-THIRD DAY OF SEPTEMBER, A.D. 2014.

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

5609102 8300 141300000



AUTHENTICATION: 1785227

DATE: 10-16-14 141300000