

Division of Corporations Electronic Filing Cover Sheet

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Foreign Limited Liability Company HP Jacksonville, LLC

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4/30/2015

COVER LETTER

SUBJECT:		HP JACKSO	NVILLE, LLC		
_	<u> </u>	Name of Limite	d Liability Company		
				ion to Transact Business in Florida," Certificate ad Hability company to transact business in Flori	
lease return a	Il correspondence cos	ocerning this matter to the	following:		
		Jer	mifer Chilton		
	•	N	ame of Person		
	Keziah Gates LLP				
	Firm/Company				
	P.O. Box 2608				
	Address				
	High Point, NC 27261				
		City/Si	late and Zip Code		
			ppr-properties.com		
		E-mail address: (to be used	i ior iuiure annuai rep	sort notification)	
or further in 6	ormation concerning t	his matter, please call:			
Gran	Grant W. Almond Name of Contact Person		at (336	9 889-6900 Ext. 222 Daytime Telephone Number	
			Area Code	Daytime Telephone Number	
	LING ADDRESS:		T ADDRESS:		
			n of Corporations	•	
			ation Section Building	·	
	nassec, FL 32314	2661 E:	kecutive Center Cin ssee, FL 32301	cle	
nclosed is	a check for the fol	lowing amount:			
		3 \$130.00 Filing Fee &	☐ \$155.00 Filing	Fee & S160.00 Filing Fee, Certificate	
		Certificate of Status	Certifled Cop		

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. H	IP JACKSONVILLE, LLC				
	(Name of Poreign Limited Link	ility Company: must include "Limited Lie	bility Company," "L.C.," or "L.C.")	
14:01() ()[ean	te unavallable, enter alternate name ad ly Company." "L.L.C." or "LL.C.")	opted for the purpose of transacting busin	ess in Florida. The alternate name mus	t include "Limited	1
2.	North Carolina	7	47-3298570		
(Juri	sdiction under the law of which foreign	o limited liability	(Fill number, If applicable)		
COT	when is outronson)			∏ €5	~
4. <u>E</u>	ntity has not started to transact bus				2015
	(Date I (See section)	rst (rensected business in Florida. If grior ins 603,0904 & 603,0903, F.S. to determi	to registration.) to penalty liability)	金箔	APR
5.		3735 Admiral Drive, Suite 11		が急	30
				Ü.Ç	0 ;
	·	High Point, NC 27265		<u> </u>	₹ 0
		(Succe Address of Principal C)	nec)		
6		3735 Admirs! Drive, Suite		22	ά
				—————i	8
		High Point, NC 27265 (Mailing Address)			
Birju	Patel, 3735 Admiral Drive, Suite I	11, High Point, NC 27265, Manage	<u> </u>		
Andre	rw Dreyfuss, 243 South Marshall S	treet, Winston-Salem, NC 27101, 11	onager		
Malay	Shah, 243 South Marshall Street,	Winston-Salem, NC 27101, Hones	er		
havin accep must	g custody of records in the justable. If the certificate is in a be submitted)	Be of existence, no more than 90 irisdiction under the law of white foreign language, a translation Signature of an authorized existing of this decay act consists a affirm document to the Department of Size consists.	ch it is organized. (A photoecof the certificate under onth of the certificate under onth of the certificate under onth of the certificate under the penalties of periory that the life under the penalties of periory that the	opy is not of the translat farts stated hereing	tor
		Birju Patel			
		Typed or printed name of si	gnec		

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.

I. The name of	the Limited Liability Co	empany is:		
HP JACKSONVI	LLE, LLC			
If unavailable, t	he alternate to be used in	the state of Florida	is:	
2. The name an	d the Florida street addre	ess of the registered	agent and office are:	SECRE TALLA
		CT. Corporation Syste	:m	芸艺力
	(Name)			
	1200 South Pine Island Road			
	Florida Street Address (P.O. Box NOT ACCEPTABLE)			
	Plantation	FL	33324	
		City/State/Zip		
liability company registered agent statutes relating accept the obligations.	y at the place designated and agree to act in this control to the proper and complete ations of my position as references. By:	in this certificate, I is capacity. I further agele performance of megistered agent as pr	of process for the above sta nereby accept the appointme gree to comply with the prov ny duties, and I am familiar rovided for in Chapter 605, Ternell Kearn	ent as visions of all with and
	(S	Signature)		

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



NORTH CAROLINA Department of the Secretary of State

CERTIFICATE OF EXISTENCE (Limited Liability Company)

I, Elaine F. Marshall, Secretary of State of the State of North Carolina, do hereby certify that

HP JACKSONVILLE, LLC

is a limited liability company duly formed under the laws of the State of North Carolina, having been formed on the 3rd day of March, 2015, with its period of duration being Perpetual.

I FURTHER certify that the said limited liability company's articles of organization are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said limited liability company is not administratively dissolved for failure to comply with the provisions of the North Carolina Limited Liability Company Act; and that the said limited liability company has not filed articles of dissolution as of this date of this certificate.





Scan to verify online.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 27th day of April, 2015.

Secretary of State

Elaine J. Marshall

Certification# 97054388-1 Reference# 12573732-ACH Page: I of I Verify this certificate online at www.secretary.state.nc.us/verification