

Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

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Account Name : C T CORPORATION SYSTEM

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Foreign Limited Liability Company HHS Technologies, LLC

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8/18/2015 1:25:52 PM From: To: 8506176383(2/5)

COVER LETTER

TO:		istration Section sion of Corporations				
SUBJE	CT:	HHS Technologies, i	LLC			
			Name of Limite	d Liability Company		
					to Transact Business in Florida," iability company to transact busin	
Please n	cturn	all correspondence co	nceming this matter to the	following:		
		Linda Stauffer			· 	
			N	nume of Person	-	
		CT Corporation				
			Fi	лп/Сотрапу		
		1021 Main Street	, Suite ! 150			
				Address		
		Houston, TX 770	02			
			City/S	tate and Zip Code		
			E-mail address: (to be used	for future about mount	notification)	
				2 tot thidle mainariepoit	nouncanony	
For furt	her in	formation concerning	this matter, please call:	•		
	Line	ia Ștauffer		at { 713 } 3	32-3794	
		Name of	Contact Person	Area Code	Daytime Telephone Number	
		ILING ADDRESS:		T ADDRESS:	•	
		sion of Corporations		n of Corporations		
		stration Section Box 6327		ation Section Building		
		ahassee, FL 32314		xecutive Center Circle		
				ssee, FL 32301		
Enclos	ed is	a check for the fo	llowing amount:			
			□ \$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fe Certified Copy	e & S160.00 Filing Fcc, Ce of Status & Certified C	

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. HHS Technologies, 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. Texas 3.
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)
4.
(Date first transacted business in Florida, if prior to registration.) (See sections 605,0904 & 605,0905, F.S. to determine penalty liability)
5. 216 E. 4th Street, Austin, TX 78701
(Street Address of Principal Office)
6. 216 E. 4th Street, Austin, TX 78701
(Mailing Address)
7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:
Joe Terry, Manager, 216 E 4th Street, Austin, TX 78701
Gary Link, Manager, 216 E 4th Street, Austin, TX 78701
Robert R. Floyd Jr., Manager, 216 E 4th Street, Austin, TX 78701
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, am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in a \$47.155, F.S.)
Joe Terry, Manager
Typed or printed name of signee

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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: HHS Technologies, LLC					
If unavailable	e, the alternate to be use	ed in the state of Florida is:			
2. The name	and the Florida street a	ddress of the registered agent and office are:	, -		
	C T Corporation System				
		(Name)			
	1200 South Pine Island	Road			
	Florida Street Address (P.O. Box NOT ACCEPTABLE)				
	Plantation	FL 33324			
		Clty/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.

By: C T Corporation System.

(Signature)
Linda Stauffer, Assistant Secretary

S 100.00 Filing Fee for Application
S 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

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Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



Carlos H. Cascos Secretary of State

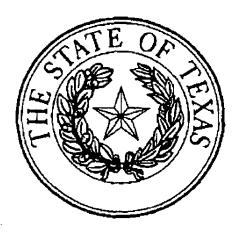
Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for HHS Technologies, LLC (file number 802115250), a Domestic Limited Liability Company (LLC), was filed in this office on December 09, 2014.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on August 17, 2015.



Carlos H. Cascos Secretary of State

Come visit us on the internet at http://www.sos.state.tx.us/

Fax: (512) 463-5709 TID: 10264 Dial: 7-1-1 for Relay Services Document: 624678130003

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