Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H16000013046 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number: FCA00000023

: (850)205-8842

Phone Fax Number

: (850)878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

Foreign Limited Liability Company Hodes, LLC dibla Hodes Group, LLC

Certificate of Status	0
Certified Copy	0
Page Count	W 3
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu (1990) Of Help 1800

1/21/2016 12:07:37 PM From: To: 8506176383(2/5) 850-817-6381 1/19/2016 9:37:22 AM PAGE 1/001 Fax Server

January 19, 2016

FLORIDA DEPARTMENT OF STATE Division of Corporations

CT CORPORATION SYSTEM

SUBJECT: HODES, LLC REF: W16000003261

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable : "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.", also are no longer acceptable.

The document number of the name conflict is L04000079900 "HODES, LLC".

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly Regulatory Specialist II

FAX Aud. #: H16000013046 Letter Number: 416A00001085

P.O BOX 6327 - Tallahassec, Florida 32314 0 101016 01010 1110

dois of anomisson 115

1/21/2016 12:07:37 PM From: To: 8506176383(3/5)

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

IN COMPLANCE WITH SECTION 605,0002 FLORIDA STATUTES: THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED (LABIUTY

COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: I. Hodes, LLC (Name of Foreign Limited Liability Company; must melude "Limited Liability Company," "L.L.C.," or "LLC.") Hodes Group, 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 "LL.C.") 2. Delaware 3 46-3072020 (Jurisdiction under the law of which foreign limited liability (PEI number, if applicable) company is organized) 4. Upon Qualification (Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 5. 630 5th Avenue, 6th Floor, Suite #659, New York, NY 10111 (Street Address of Principal Office) 6. Same (Mailing Address) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) C T Corporation System Name: 1200 South Pine Island Road Office Address: **Plantation** Florida 33324 Registered agent's acceptance: Having been named as registered agent und to accept service of process for the above stated limited liability company at the place designated in this application. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to complywith the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent. PATRICA PRIAMENTA (Registered agent's signature) 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Stephen Henkenmeier, 2475 Hanover Street, Palo Alto, CA 94304 - Manager - Manager William Chisholm, 2475 Hanover Street, Palo Alto, CA 94304 Marc Bala, 2475 Hanover Street, Pale Alto, CA 94304 - Manager 9. Attached is a 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. (If the certificate is in a foreign language, a translation of the certificate under onth of the translator must be submitted) Signature of an authorized person This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes, 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. Intricla Belander Authorized
Typed or printed name of signee

1/21/2016 12:07:37 PM From: To: 8506176383(4/5)

Attachment to Florida Member / Manager Information

Full Name:

ì

Gary Scheier

Member/Manager:

Manager

Business Address:

666 Dundee Road, Suite 1904

City:

Northbrook

State:

IL.

ZIP Code:

60062

TILEU 2018 JAN 15 A B: 01



Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HODES, 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 FIFTEENTH DAY OF JANUARY, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

5357880 8300 5R# 20160240244

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

Juntes) W. Budinis, Successary of State

Authentication: 201680418

Date: 01-15-16