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COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: _	oban and Feola, Ll	LC .						
		Name of I	Limited Liability (Company				
The enclosed ". Existence, and	Application by For check are submitted	eign Limited Liability Comp d to register the above refere	enced for Authorize	ition to Tra ted liability	ansact Business in Florida," Cert y company to transact business i	tificate of n Florida		
Please return al	l correspondence c	oncerning this matter to the	following:					
	Carie Barton							
		Ni	ame of Person					
	Hoban and Feola, LLC							
	Firm/Company							
	730 17th Street,	Suite 420						
	Address							
	Denver, CO 80202							
City/State and Zip Code								
	carie@hobanandf							
		E-mail address: (to be used	for future annual	report not	tification)			
For further info	rmation concerning	g this matter, please call:						
Carie	Barton		303 at (_)	00 ext. 0			
	Name o	f Contact Person	Area Code	Day	rtime Telephone Number			
Divisi Regist P.O. E	ANG ADDRESS: on of Corporations ration Section Sox 6327 assec, FL 32314			Division Registrat Clifton B 2661 Exe	of Corporations ion Section ion Section cutilding cutive Center Circle sec, FL 32301			
	neck for the follow 5.00 Filing Fee	ing amount: □ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filir Certified Copy	ng Fee &	□ \$160.00 Filing Fee, Certific of Status & Certified Copy	cate		

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

IN COMPLIANCE WITH SECTION 6050902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: Hoban and Feola, 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. Colorado (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) 05/04/2016 (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 730 17th Street, Suite 420 Denver, CO 80202 (Street Address of Principal Office) 730 17th Street, Suite 420 Denver, CO 80202 (Mailing Address) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) David Kotler Name: 54 SW Boca Raton Boulevard Office Address: Boca Raton (City) Registered agent's acceptance: 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 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, 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Robert T. Hoban, PC, Member 31834 Ponderosa Way Evergreen, Colorado 80439 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 oath of the translator must be submitted)

This document is executed in accordance with section 605.0263 (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.

Typed or printed name of signee

OFFICE OF THE SECRETARY OF STATE OF THE STATE OF COLORADO

CERTIFICATE OF FACT OF GOOD STANDING

I, Wayne W. Williams, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

Hoban and Feola, LLC

is a

Limited Liability Company

formed or registered on 11/25/2009 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20091618389.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 04/20/2016 that have been posted, and by documents delivered to this office electronically through 04/22/2016 @ 16:36:48.

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver, Colorado on 04/22/2016 @ 16:36:48 in accordance with applicable law. This certificate is assigned Confirmation Number 9614863



Nayre N. Williams

Secretary of State of the State of Colorado

Certificate page of the Secretary of State's web site, mip://www.sov.state.co.tis of:// ertificatesearch, riteria.ao emering the certificate is confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, http://www.sov.state.co.us/click "Businesses, trademarks, trade names" and select "Frequently Asked Questions."