Moderal

| , - | Requestor's Name) |
|------------------------|-------------------------|
| . (/ | Address) |
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| (0 | City/State/Zip/Phone #) |
| PICK-UP | WAIT MAIL |
| (E | Business Entity Name) |
| (C | Document Number) |
| Certified Copies | Certificates of Status |
| Special Instructions t | o Filing Officer: |
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TALLAHASSEE, TLOUE,

MAY 1 9 2016 S. YOUNG

COVER LETTER

| TO: Registration Section Division of Corporations | |
|--|---|
| SUBJECT: Triple H Honey, LLC Name of | Limited Liability Company |
| The enclosed "Application by Foreign Limited Liability Comp Existence, and check are submitted to register the above refer | pany for Authorization to Transact Business in Florida," Certificate of enced foreign limited liability company to transact business in Florida |
| Please return all correspondence concerning this matter to the | following: |
| | Hendrix Jame of Person |
| | H. Honey, LLC 5 |
| 2209 The | H. Honey, LLC irm/Company Ima Highway Address PH The second in Code Address PH The second in Code The second in Code |
| | 11e, Georgia 31634 |
| triplehhoney@live. | COM d for future annual report notification) |
| For further information concerning this matter, please call: | |
| Michael Hendrix Name of Contact Person | at (912) 520-0129 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: \$\Begin{array}\$ \preceq \\$ \\$ 125.00 \text{ Filing Fee } \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | ☐ \$155.00 Filing Fee & Certified Copy \$160.00 Filing Fee, Certificate of Status & Certified Copy |

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

IN COMPILANCE WITH SECTION 605,0002, FLORIDA STATUTES. THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY.

| COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: | |
|---|----|
| 1. Triple H Honey, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company." "E.L.C.," ur "LLC.") | |
| (It 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. State of Georgia 3. Federal Tax ID 46-3762603 (initialization under the law of which foreign limited liability company is organized) (FEI number, if applicable) | |
| 4. N/A | |
| (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) | |
| s. 2209 Thelma Highway | |
| Homerville, Georgia 31634 (Street Address of Principal Office) | |
| 6. 2209 Thelma Highway | |
| Homerville, Georgia 31634 (Mailing Address) | |
| 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) | |
| Name: Susanna Dicks | |
| Office Address: 466 Southeast Price Creek Loop | |
| Lake City , Florida 32025 (City) (Zip code) | |
| (City) (Zip code) 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 agr to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am fumiliar with accept the obligations of my position as registered agent. (Registered agent's signature) | ee |
| 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: | |
| Michael Hendrix, Member/Manager, 2209 Thelma Highway, | |
| Homerville, Georgia 31634 | |
| | |
| 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 out of the translator must be submitted) | 1 |
| Simplify of an authorized sesson | |
| 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. | |
| Michael Hendrix Typed or printed name of signee | |
| rypea or printed name or signee | |

Control Number: 13446062

STATE OF GEORGIA

Secretary of State

Corporations Division 313 West Tower 2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, Brian P. Kemp, the Secretary of State of the State-of Georgia, do hereby certify under the seal of my office that

TRIPLE H HONEY,LLC

a Domestic Limited Liability Company

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number
Date Inc/Auth/Filed
Jurisdiction
Print Date

: 08/30/2013 : Georgia : 05/05/2016

: 13161075

Form Number : 2



Brian P. Kemp Secretary of State