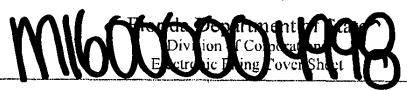
6/14/2016

Division of Corporations



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.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number: I20010000062

Phone

: (323)962-8600

Fax Number

: (323)962-3889

**Enter the email address for this business entity to be used for future.

annual report mailings. Enter only one email address please.**

Foreign Limited Liability Company HI Partners SE, LLC

Certificate of Status	0
Certified Copy	Ü
Page Count	06
Estimated Charge	\$125.00

Electronic Filing Menu Corporate Filing Menu

Help

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: HI Partners	SE, LLC		
	Name of Limited Liability Company	•	
The enclosed "Application by Γoreign L Existence, and check are submitted to re-	imited Liability Company for Authorization to Transact Business in Florida," egister the above referenced foreign limited liability company to transact busin	'Certificate of less in Florida	
Please return all correspondence concern	ning this matter to the following:		
	Cheyenne Moseley		
**************************************	Name of Person		
Legalzoom.com, Inc. ————————————————————————————————————			
101 N. Brand Blvd 11th Floor			
101 N. Brand Blvd 11th Floor			
Address Fig. cm			
Glendale, CA 91203		LED 22 M	
City/State and Zip Code		<u> ထ</u>	
	aaronwh@gmail.com	7	
	mail address: (to be used for future annual report notification)		
For further information concerning this r	natter, please call:		
lmelda Vasquez	323 962-8600 ext 9724		
Name of Conta		,	
MAILING ADDRESS:	STREET ADDRESS:		
Division of Corporations	Division of Corporations		
Registration Section	Registration Section		
P.O. Box 6327	Clifton Building 2661 Executive Center Circle		
Tallahassee, FL 32314	Tallahassee, FL 32301		
Enclosed is a check for the follow \$125.00 Filing Fee \$1	ving amount: 30.00 Filing Fee & ■ \$155.00 Filing Fee & □ \$160.00 Filing Fee, Ce	ertificate	
	2 3 100,00 Fining 1 00,00	or throate	

Certificate of Status

■ \$155.00 Filing Fee & □ \$160.00 Filing Fee, Certificate Certified Copy

TALLAHASSEE, FLORIDA

WRITTEN CONSENT TO ADOPT ALTERNATE NAME FOR USE IN THE STATE OF FLORIDA

We, the undersigned, do hereby certify that I am t	the Authorized Person
of HI PARTNERS L.L.C.	
(Name of Limited Liability C	Company)
a limited liability company duly organized and ex	isting under the laws of
Delaware	
(State or Country of Organization)	
Because the name of this foreign limited liability	company does not satisfy the
requirements of the s. 605.0112, F.S., the limited	liability company hereby adopts the
following name to transact business in the state of	f Florida:
HI Partners SE, LLC	_
(Name to be used by limited liability company in Florida. NOTE: Company, L.L.C., or LLC.)	Name must contain Limited Liability
aum Wanhler	6/6/16
Signature Authorized Person	Date

CR2E122 (12/13)

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

IN COMPILANCE WITH SECTION 605,0902, FLORIDA STATUTES, THE FULLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: 1. HI PARTNERS L.L.C. (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LIC.") HJ Partners SE, LLC (If name unavailable, enter alternate name adopted for the purpose of trunsacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C," or "LLC,") 2. Delaware (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) 4/1/16 (Date first transacted business in Florida, if prior to registration.) (See sections 605,0904 & 605,0905, F.S. to determine penalty liability) 723 10th St Santa Monica, California (Street Address of Principal Office) 723 10th St Santa Monica, California (Mailing Address) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Maria Isaacs Name: 3030 Collins Ave., Unit 1a Office Address: Miami Beach 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. (Registered agent's signature) 8. The name, title or capacity and address of the person(s) who has/have authority to manage Is/are: Aaron Hirschhorn, Member, 723-10th St., Santa Monica, California Maria Isaacs, Member, 723 10th St., Santa Monica, California 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) 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. Aaron Hirschhorn

Typed or printed name of signee

Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "HI PARTNERS L.L.C." IS DULY FORMED

UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND

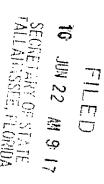
HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS

OF THE SIXTEENTH DAY OF MAY, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HI PARTNERS

L.L.C." WAS FORMED ON THE TWENTY-SECOND DAY OF NOVEMBER, A.D. 2005.

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



4065847 8300
SR# 20163236652
You may verify this certificate online at corp.delaware.gov/authver.shtml

Justiney V. Burlinch, Sucreasing of State

Authentication: 202322827

Date: 05-16-16