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TOSETARY OF STATE

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#### **COVER LETTER**

TO:

**Registration Section** 

SUBJECT:	ision of Corporation  HALO Partners, LL					
SUBJECT:	·	Name of Limited Liability Company				
					unsact Business in Florida," Certifi company to transact business in I	
Please return	all correspondence c	oncerning this matter to the	following:			
	Barbara Srnovrs	snik/Hal Eason				
	Name of Person					
	HALO Partners, LLC					
	Firm/Company					
	14835 Ballantyne Village Way, Suite 225					
Address						
	Charlotte, NC 28277					
	City/State and Zip Code					
	barbara@vertigor	nusic.com				
	E-mail address: (to be used for future annual report notification)					
For further in	formation concerning	g this matter, please call:				
Barl	bara Srnovrsnik		7()4 at (	307-566	52	
	Name o	f Contact Person	Area Code	Day	time 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		
	check for the follow 125.00 Filing Fee	ing amount:  \$\square\$ \$\\$130.00\$ Filing Fee &  Certificate of Status	□ \$155.00 Filir Certified Copy	ng Fee &	☐ \$160.00 Filing Fee, Certificat of Status & Certified Copy	te

### 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: HALO Partners, LLC (Name of Poreign 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 Plorida, The alternate name must include "Limited Liability Company," "L.L.C," or "LLC.") 2. North Carolina Jurisdiction under the law of which foreign limited liability (FBI number, if applicable) company is organized) 2016.06.14 (Date first trausacted business in Morids, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 7913 La Mirada Drivo Boca Raton, FL 33433 (Street Address of Principal Office) (Mailing Address) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Registered Agent Solutions, Inc. Name: 155 Office Pieze Dr., Suite A Office Address: Florida 32301 Tallahassee (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 Adam Saldana, Asst. Secretary (Registered agent's signature) 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Hal Eason, CFO 14835 Ballantyne Village Way, Suite 225 Charlotte NC 28277 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)-Docusigned by: 01AFB47E0F54**53@nature 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 follony as provided for in \$.817.155, F.S.

Typed or printed name of signer

Hai Eason



## NORTH CAROLINA Department of the Secretary of State

### CERTIFICATE OF EXISTENCE (Limited Liability Company)

I, Elaine F. Marshall, Secretary of State of the State of North Carolina, do hereby certify that

### HALO PARTNERS, LLC

is a limited liability company duly formed under the laws of the State of North Carolina, having been formed on the 20th day of May, 2015, with its period of duration being Perpetual.

I FURTHER certify that the said limited liability company's articles of organization are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said limited liability company is not administratively dissolved for failure to comply with the provisions of the North Carolina Limited Liability Company Act; and that the said limited liability company has not filed articles of dissolution as of this date of this certificate.





Scan to verify online.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 17th day of June, 2016.

Elaine J. Marshall

Secretary of State

Certification# 98904953-1 Reference# 13245909-LF Page: 1 of 1 Verify this certificate online at http://www.sosnc.gov/verification