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(Document Number)					
Certified Copies	Certificates	of Status			
Special Instructions to	Filing Officer:				
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2016 AUG -8 PK 4: 02

K.SALY EXAMINER



July 28, 2016

ADAM RIGEL HOOSE HOMES & INVESETMENTS LLC 7563 PHILIPS HWY, STE. 109 JACKSONVILLE, FL 32256

SUBJECT: HOOSE 10, LLC Ref. Number: W16000052618

We have received your document for HOOSE 10, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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

Letter Number: 216A00015887

COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: HOOSE	10, LC Name of	Limited Liability Company			
			ansact Business in Florida," Certificate of y company to transact business in Florida		
Please return all correspondence con	ncerning this matter to the	following:			
ADAM	1 RIGEL				
	N	ame of Person			
HOOSE		JVE STMENTS	LLC		
	Fi	rm/Company			
7503	3 PHILIPS H	NY STE 100	<u> </u>		
		Address			
<u>JAC</u>	SONVILLE City/S	Fi 32256			
	•	•			
ADAM @	JWBCOMPAN	HES. WM			
	E-mail address: (to be used	for future annual report not	ification)		
For further information concerning t	his matter, please call:				
JAMIE FEN!	VELL	_at (352_) 74!	5-2780		
Name of C	Contact Person	Area Code Day	time Telephone Number		
MAILING ADDRESS:	MAILING ADDRESS: STREET ADDRESS:				
Division of Corporations		Division of Corporations			
Registration Section P.O. Box 6327		Registration Section Clifton Building			
Tallahassee, FL 32314		2661 Executive Center Circle Tallahassee, FL 32301			
	g amount: \$\$130.00 Filing Fee & Certificate of Status	☐ \$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 COMPLIANCE WITH SECT COMPANY TO TRANSACT BU			IS SUBMITTED TO REGISTER A	FOREIGN LIMITED LIABILITY
, HOOSE 10	116			
	ign Limited Liability Compa	any; must include "Limited L	iability Company," "L.L.C.," or	"LLC.")
(If name unavailable, enter alt Liability Company," "L.L.C,"		purpose of transacting busin	ness in Florida. The alternate nam	ne must include "Limited
2. DELAWAR	E of which foreign limited liab	sility 3. APPL	IED FOR (FEI number, if applicable)	
4. 7.21.20	(Date first transacted	d business in Florida if prior	to registration	-
s. <u>7503 PHILI</u>		d business in Florida, if prior 4 & 605.0905, F.S. to determ SMITE 109	ine penalty liability)	2016
JACKSONVIL	LE FL 32	250 lress of Principal Office)		THE
6. <u>7903 PHIL</u>			09	SSECTION IN COLUMN TO SECTION SECTION IN COLUMN TO
JACKSONVIL		2250 Aailing Address)		FEE FLORIE
7. Name and street address	,	,	ptable)	Dr. K
Name:	MCKILLOP LA	W FIRM, P.L.	· 	
Office Address:	7503 PHILIP	S HIGHWAY, 57	E 101	
	JACKSONVIL	LE City)	, Florida <u>32256</u> (Zin code)	
designated in this applicat	gistered agent and to acco ion, I hereby acc ept the a ons of all statutes relative	appointment as registered to the proper and comple	the above stated limited liabil agent and agree to act in thi te performance of my duties,	s capacity. I further agree
8. The name, title or capac	city and address of the per			
	L <u>, MANAGIN</u> SIFAKIS MI	anaging me	MBER	
GREGORY CO		AGING MEMP		
	of existence, no more than	n 90 days old, duly authen	ticated by the official having or eign language, a translation of	
		gnature of an authorized pers	Page 1	

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. APAM RIGEL

Typed or printed name of signce

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY THAT "HOOSE 10, LLC" IS DULY FORMED

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

HAS A LEGAL EXISTENCE NOT HAVING BEEN CANCELLED OR REVOKED SO FAR

AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO

TRANSACT BUSINESS.

THE FOLLOWING DOCUMENTS HAVE BEEN FILED:

CERTIFICATE OF FORMATION, FILED THE TWENTY-FIRST DAY OF JULY,

A.D. 2016, AT 11:54 O'CLOCK A.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID

CERTIFICATE IS THE ONLY PAPER OF RECORD, THE LIMITED LIABILITY

COMPANY IN QUESTION NOT HAVING FILED AN AMENDMENT NOR HAVING

MADE ANY CHANGE WHATSOEVER IN THE ORIGINAL CERTIFICATE AS FILED.

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

2016 AUG -8 PM 4: 02

Jeffrey W. Busioca, Secretary of State

Authentication: 202765583

Date: 08-03-16

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