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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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D. BRUCE NOV 2 2 2016

#### **COVER LETTER**

TO:	Registration Section Division of Corporations	
SUBJI	Hero Management LLC	
	Name of Limited Liability Company	
	losed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Cee, and check are submitted to register the above referenced foreign limited liability company to transact busine	
Please	eturn all correspondence concerning this matter to the following:	
	May Brown	
	Name of Person	
.,	Altitude CPA LLC	,
	Firm/Company	
	6955 Stockwell Drive	
	Address	
	Colorado Springs, CO 80922	
	City/State and Zip Code	
	mayzie@altitudecpa.com	
For fu	E-mail address: (to be used for future annual report notification)  her information concerning this matter, please call:	D
	May Brown 719 313-8122	·
	Name of Contact Person Area Code Daytime Telephone Number	
	MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle Tallahassee, FL 32301	
Enclos	d is a check for the following amount:  \$\Bigsize \text{\$\substack}\$\$ \$\substack \$\subs	

## 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:

Hero Management LLC	Sinded in the Sinte of Feoreba	•				
(Name of Fore	ign Limited Liability Company; mus	st include "Li	mited Liab	ility Company," "L.L.C	.," or "LLC.")	
Hero Management Group	LLC					
(If name unavailable, enter al Liability Company," "L.L.C,"	ternate name adopted for the purpose " or "LLC.")	of transacting	ng business	in Florida. The alternat	te name must incl	lude "Limited
2. Wyoming		3. 81-43	397167			
furisdiction under the law of which foreign limited liability (FEI number, if app company is organized)			cable)			
4. <u>1/1/2016</u>						
	(Date first transacted busine (See sections 605.0904 & 605.	ss in Florida, 0905, F.S. to	if prior to a	registration.) penalty liability)		
5. 14129 Waterville Cir						
Tampa, FL 33626						
	(Street Address of F	rincipal Offic	ce)			•
5. 14129 Waterville Cir						<u> </u>
Tampa, FL 33626					SECKETA	- <del></del>
	(Mailing A	Address)		<u> </u>		<u> </u>
7. Name and street addres	s of Florida registered agent: (P.	O. Box NO	Taccepta	ble)	SSE YRY OI	
Name:	Robert Drummer				T T	) 111
Office Address:	14129 Waterville Circle					. 0
	Tampa			, Florida <u>33626</u>		
	(City)			(Zip code	<u>e)</u>	
lesignated in this applicate complywith the provision	gistered agent and to accept serv tion, I hereby accept the appoint ons of all statutes relative to the p my position as registered agent.	ment as reg proper and o	istered ag complete	ent and agree to act	in this capacity luties, and I am	. I further agre
	(Registe	ered agent's s	ignature)		<del></del>	
8. The name, title or capa Robert Drummer, Presiden	acity and address of the person(s)	who has/hav	ve authori	ty to manage is/are:		
14129 Waterville Cir	· · · · · · · · · · · · · · · · · · ·			<u> </u>		
Гатра, FL 33626					1 10 01 11	
	of existence, no more than 90 day of which it is organized. (If the combinated)  Robert G	ertificate is i	n a foreig	n language, a translati		
		of an authoriz				
	in accordance with section 605.0 the Department of State constitu					rmation

Typed or printed name of signee

## STATE OF WYOMING Office of the Secretary of State

I, ED MURRAY, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

### Hero Management LLC

is a

## **Limited Liability Company**

formed or qualified under the laws of Wyoming did on **December 23, 2015**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2015-000702396**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 11th day of November, 2016 at 1:48 PM. This certificate is assigned 021451323.



Secretary of State

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website http://wyobiz.wy.gov and following the instructions displayed under Validate Certificate.