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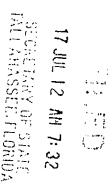
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J SHIVERS

COVER LETTER

TO:	Registration Section ' Division of Corporations
SUBJI	HLA Preparatory School, LLC
	Name of Limited Liability Company
	closed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate ice, and check are submitted to register the above referenced foreign limited liability company to transact business in Flori
Please	return all correspondence concerning this matter to the following:
	Nicholas B. Latimer
	Name of Person
	Spragins, Barnett & Cobb, PLC
	Firm/Company
	312 East Lafayette Street
	Address
	Jackson, Tennessee 38301
	City/State and Zip Code
	nbl@spraginslaw.com
	E-mail address: (to be used for future annual report notification)
For fu	ther information concerning this matter, please call:
	Nicholas B. Latimer 731 424-0461
	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 CircleTallahassee, FL 32301
Enclos	ed is a check for the following amount: □ \$125.00 Filing Fee □ \$130.00 Filing Fee & □ \$155.00 Filing Fee & □ \$160.00 Filing Fee, Certificate Certificate of Status Certified Copy of Status & Certified Copy

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:

name unavailable, enter alternate n	ame adopted for the purpose of transacting business in Flor	ida. The al	Iternate name must include "Limited Liability	y Company," "L	.L.С," ог	"LLC."
Tennessee		3.	87-703	1871		
(Jurisdiction under the law of wi	hich foreign limited liability company is organized)	•	(FEI number,	if applicable)		
	(Date first transacted business in Florida, if prior to r (See sections 605.0904 & 605.0905, F.S. to determine	egistration ne penalty	.) liability)			
3563 N. Highland Ave		6.	PO Box 11688	<u>ت</u> کے د		
(Street Address of F			(Mailing Address)		17	
Jackson, Tennessee 38.	303		Jackson, Tennessee 38308	<u>> 25 25</u>	=	
				55.51	<u> </u>	
				SS:	N3	. ••
Name and street address	ss of Florida registered agent: (P.O. Box	NOT a	acceptable)		<u> </u>	
Name:	Tyler Parkerson			<u>س</u> ري	7	
i tuilib,				92.7	 دن	• •
Office Address:	2475 Palm Bay Road, NE, Suite 145 #1	0		Ē	\sim	
	Palm Bay		DI 11 32905	3*		
			, Florida <u>32905</u>			
iving been named as re signated in this applica comply with the provisi	tance: rgistered agent and to accept service of p tion, I hereby accept the appointment as ions of all statutes relative to the proper s of my position as registered agent. (Registered agent's s	registe and co	ered agent and agree to act in	this capaci	ty. I fi	urthe
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The name, title or capa Title or Capacity: President Attached is a certificate risdiction under the law the translator must be sufficient.	signification of all statutes relative to the proper is of my position as registered agent. (Registered agent's security and address of the person(s) who has a Name and Address: Angela McKee 3563 N. Highland Ave. Jackson, TN 38305	ignature) s/have a Ti	for the above stated limited lia ered agent and agree to act in implete performance of my dust authority to manage is/are: tle or Capacity:	Name and	Addre	urthe niliar ess:
The name, title or capa Title or Capacity: President Attached is a certificate risdiction under the law the translator must be su. This document is executive.	signification of all statutes relative to the proper is of my position as registered agent. (Registered agent's security and address of the person(s) who has a nective and address of the person(s) who has a nective and address of the person(s) who has a nective and address: Angela McKee 3563 N. Highland Ave. Jackson, TN 38305 sary) of existence, no more than 90 days old, of which it is organized. (If the certificate abmitted) uted in accordance with section 605.0203	ignature) s/have a Ti	for the above stated limited liadered agent and agree to act in implete performance of my dust authority to manage is/are: tle or Capacity: henticated by the official having foreign language, a translation, Florida Statutes. I am aware the end of the statutes of the end of the statutes of the end of the statutes of the end of t	Name and	Addre	urthe niliar ess:
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Division of Business Services Department of State

State of Tennessee 312 Rosa L. Parks AVE, 6th FL Nashville, TN 37243-1102

LANCE CUMMINS

3563 HIGHWAY 45 N JACKSON, TN 38305 July 10, 2017

Request Type: Certificate of Existence/Authorization

Request #:

0243738

Issuance Date: 07/10/2017

Copies Requested:

Document Receipt

Receipt #: 003470942

Filing Fee:

\$20.00

Payment-Credit Card - State Payment Center - CC #: 3706513518

\$20.00

Regarding:

HLA Preparatory School, LLC

Filing Type:

Limited Liability Company - Domestic

Control #:

911965

Formation/Qualification Date: 07/06/2017

Date Formed:

07/06/2017

Status:

Active

Formation Locale: TENNESSEE

Duration Term:

Perpetual

Inactive Date:

Business County: MADISON COUNTY

CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

HLA Preparatory School, LLC

- * is a Limited Liability Company duly formed under the law of this State with a date of incorporation and duration as given above;
- * has paid all fees, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;
- * has appointed a registered agent and registered office in this State;
- * has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Secretary of State

Processed By: Cert Web User Verification #: 023222522