Division of Corporations



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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (512)418-6949 Fax Number : (954)208-0845

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

FLORIDA LIMITED LIABILITY CO.

Certificate of Status	0
Certified Copy	0
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Estimated Charge	\$125.00

Holly Hill Investments, LLC

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PH: (512)418-6949

FAX AUDIT NUMBER: H17-000245535 HAS A CURRENT STATUS OF REQUESTED

FILED (ID):

FROM: C T CORPORATION SYSTEM

2075 CENTRE POINTE BLVD

101

TALLAHASSEE, FL 32308-0000 US

CONTACT NAME: RANAE MCGRAW

USERID: ACCOUNT: FCA000000023 SUB-ACCOUNT:

DOCUMENT TYPE: EFILO7 TOTAL PAGES: 4

CORPORATE NAME: Holly Hill Investments, LLC

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CERTIFIED COPY: 0 CERTIFICATE OF STATUS: 0

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CORP STATUS: TOTAL CORPS: 0

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COVER LETTER

	egistration Section ivision of Corporation	15						
SUBJECT	Holly Hill Investme	nts, LLC						
		Name of	Limited Liability (Company	 			
The enclose Existence,	ed "Application by For and check are submitte	eign Limited Liability Comp d to register the above refer	eany for Authoriza	tion to Tra ted liability	nsact Business in Florida," Cert company to transact business in	ificate of n Florida		
Please retu	rn all correspondence c	oncerning this matter to the	following:					
	Paola Padilla							
		N.	ame of Person					
	Holly Hill Inve	stments, LLC						
	Firm/Company							
	4300 Stevens C	4300 Stevens Creek Blvd Ste 275						
	Address							
	San Jose, CA 9	5129						
	 	City/S	tate and Zip Code					
	ppadilla@stonec	rest.net						
		E-mail address: (to be used	d for future annual	report not	ification)			
For further	information concerning	g this matter, please call:						
В	eau Beduze		713 at (332-37	76			
	Name o	f Contact Person	Area Code	Day	time Telephone Number			
D Re P.	AILING ADDRESS: ivision of Corporations egistration Section O. Box 6327 allahassee, FL 32314			Division of Registrati Clifton B 2661 Exe	ADDRESS: of Corporations on Section uilding cutive Center Circle ee, FL 32301			
	a check for the follow \$125.00 Filing Fee	ing amount: ☐ \$130.00 Filing Fee & Certificate of Status	S155.00 Filir Certified Copy	ng Fee &	☐ \$160.00 Filing Fee, Certifice of Status & Certified Copy	çate		

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

IN COMPILANCE 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:

5. (Street Address of Price 4300 Stevens Creek Blvi San Jose, CA 95129 7. Name and street address	·	prior to registration, determine penalty b	ability) (Mailing Add	ber, if applicable)	58 14710 15710 1
5. (Street Address of Print 4300 Stevens Creek Blvd San Jose, CA 95129 7. Name and street address	(Date first transacted business in Florida, if (See sections 605,0904 & 605,0905, F.S. to neupal Office)	prior to registration, determine penalty b	ability) (Mailing Add		88 4716 15
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(Street Address of Print 4300 Stevens Creek Blvi San Jose, CA 95129 7. Name and street address	·		•		23 ≥ 2
4300 Stevens Creek Blvd San Jose, CA 95129 7. Name and street address	·	_	•		
San Jose, CA 95129 7. Name and street address		_	4300 Stevens Creck Blvd.,	•	SEP OF
7. Name and street address		·	San Jose, CA 95129		* * * .
		•			- 9
Nimm	of Florida registered agent: (P.O	. Box <u>NOT</u> a	cceptable)		CORF (18 12
	C T Corporation System				8
.vame:					8: 12
Office Address:	1200 South Pine Island Road				7
	Plantation		, Florida 33324 (Zip coc		
Registered agent's accepta	(City)		(Zip coc	ie)	
	ity and address of the person(s) w			cretary Name and A	ddarag
Title or Capacity:	Name and Address:	111	le or Capacity:	Ivanie and A	daress.
Member	Jon Freeman 4300 Stevens Creek Bly	d., Suite 2	 P75		
	San Jose, CA 95129				
					
	NAME OF THE OWNER OWNER OF THE OWNER OWNE				
(Use attachments if necessa	ny)				
	of existence, no more than 90 days				
	f which it is organized. (If the cer	tificate is in a	foreign language, a translat	tion of the certific	cate under oath
of the translator must be sub	ied in accordance with séction 605	5.0203 (1) (b),		re that any false i	nformation
10. This document is execut	the Department of State constitute				
10. This document is execut submitted in a document to t	the Department of State constitute		e felony as provided for in		

State of California Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME: HOLLY HILL INVESTMENTS, LLC

FILE NUMBER:
FORMATION DATE:

201635610286 12/15/2016

TYPE: JURISDICTION: DOMESTIC LIMITED LIABILITY COMPANY

CALIFORNIA

STATUS:

ACTIVE (GOOD STANDING)

TORP IO AM 8: 13

I, ALEX PADILLA, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of September 14, 2017.

ALEX PADILLA Secretary of State