

117000009480

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

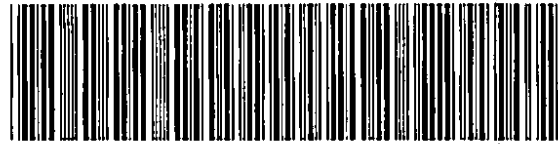
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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11/02/17--01024--031 \*\*130.00

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**PARR BROWN  
GEE & LOVELESS,**

ATTORNEYS AT LAW

Barbie Allen  
Paralegal  
barbieallen@parrbrown.com

November 6, 2017

Florida Division of Corporations  
Registration Section  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**Re: Re-Filing of Application for Foreign LLC Registration  
Document No. W17000088076 – Hexagon Therapies LLC**

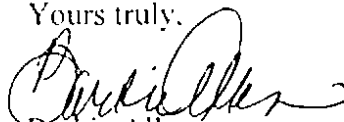
Division of Corporations:

The enclosed filing was initially rejected on 11/3/17 due to the omission of signature by the Registered Agent. Instead of waiting to receive your rejected filing by mail, I have obtained Registered Agent signature and am re-filing prior to receipt of your official notice. **Please note that a business license was already issued by Florida so we would appreciate your handling this re-filing as quickly as possible.**

Payment of the \$130 filing fee was previously submitted by our check no. 100595, and I understand you have retained that payment to apply to the corrected filing.

Thank you.

Yours truly,

  
Barbie Allen  
Paralegal

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DP

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Hexagon Therapies LLC  
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Barbie Allen  
Name of Person

Parr Brown Gee & Loveless  
Firm/Company

101 South 200 East, Suite 700  
Address

Salt Lake City, Utah 84111  
City/State and Zip Code

Barbicallen@parrbrown.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Barbie Allen 801 532-7840  
Name of Contact Person at Area Code Daytime 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

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee ☒ \$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 SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Hexagon Therapies LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "L.L.C.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "L.L.C.")

2. Delaware 3. \_\_\_\_\_  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. October 2017  
(Date first transacted business in Florida, if prior to registration)  
(See sections 605.0904 & 605.0903, F.S. to determine penalty liability)

5. 13014 Dale Mabry Hwy 6. 13014 Dale Mabry Hwy  
(Street Address of Principal Office) (Mailing Address)  
Unit 266 Unit 266  
Tampa, FL 33618 Tampa, FL 33618

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Corporation Service Company  
Office Address: 1201 Hays Street  
Tallahassee, Florida 32301  
(City) (Zip code)

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 comply with 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 agent.

By: Corporation Service Company

Emily Croft  
(Registered agent's signature)

**Emily Croft**  
**Asst. Vice President**

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
Member	Kevin Klein 13014 Dale Mabry Hwy #266 Tampa, FL 33618		

(Use attachments if necessary)

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)

10. 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.

Kevin Klein  
(Signature of an authorized person)

Kevin Klein

Typed or printed name of signer

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF  
DELAWARE, DO HEREBY CERTIFY "HEXAGON THERAPIES LLC" IS DULY FORMED  
UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND  
HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS  
OF THE TWENTY-SEVENTH DAY OF OCTOBER, A.D. 2017.

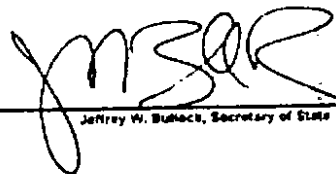
DELAWARE SECRETARY OF STATE  
OCT 27 2017



6500656 8300

SR# 20176819895

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

  
Jeffrey W. Bullock, Secretary of State

Authentication: 203476941

Date: 10-27-17