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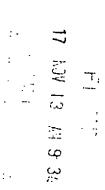
(Req	uestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer:	

Office Use Only



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W17006089701



November 9, 2017

RENEE YVETTE 1650 SW 117 AVE DAVIE, FL 33325 US

SUBJECT: H & H SMART INVESTMENTS, LLC

Ref. Number: W17000089701

We have received your document for H & H SMART INVESTMENTS, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to s.605.0902(1)(e), Florida Statutes, the document must contain the name, title or capacity and address of at least one person who has the authority to manage the foreign limited liability company.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return the corrected original and one copy of 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.

Brittany M Figueroa Regulatory Specialist II Registration/Qualification Section

Letter Number: 417A00022750

EN9713 PH 3: L2

## **COVER LETTER**

TO: Registration Section
Division of Corporations

SUBJECT:		H & H SMART IN	IVESTMENTS, L	.LC		
		Name of	Limited Liability	Company		
The enclosed "A Existence, and ch	pplication by For neck are submitte	eign Limited Liability Com d to register the above refer	pany for Authoriz enced foreign lim	ation to Tra	ansact Business in Florida," y company to transact busin	Certificate of ess in Florida,
Please return all	correspondence o	concerning this matter to the	following:			
		REI	NEE YVETTE			
			lame of Person	. <u> </u>		
		FIRST	CALL 24/7, INC.			
		F	irm/Company			
		1650 S	W 117 AVENUE			
	-		Address			
		DAVIE	, FLORIDA 3332	5		
		City/S	State and Zip Code	;		
_			@FIRSTCALL2			
		E-mail address: (to be use	d for future annua	l report not	ification)	
For further inforr	nation concernin	g this matter, please call:				
	RENI	EE YVETTE	954 at (	636-8	877	
	Name o	f Contact Person	Area Code	Day	time Telephone Number	
Division Registra P.O. Bo	NG ADDRESS: n of Corporations ation Section x 6327 ssee, FL 32314			Division of Registration But 2661 Exe	ADDRESS: of Corporations on Section uilding cutive Center Circle ce, FL 32301	
Enclosed is a che		_				
□ \$125.	.00 Filing Fee	☐ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Fili Certified Copy		■ \$160.00 Filing Fee, Ce of Status & Certified Cop	

## 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 of Foreign		TMENTS, LLC				
	Limited Liability Company, must include "Li	imited Liability Company," "L.L.C.," or "LLC.	")			
ame unavailable, enter afternate :	name adopted for the purpose of transacting business	in Florida. The alternate name must include "Limited L	iability Commony ""I   C" or "I t C""			
DELAWARE						
(Jurisdiction under the law of w	which foreign limited liability company is organized)		nber, if applicable)			
	(Date first transacted business in Florida, if pri (See sections 605.0904 & 605.0905, F.S. to de	or to registration.)				
	Principal Office)	6. (Mailing Ad	dress)			
DAVIE, FLORIDA 33325		<del>_</del>	11352 WEST STATE ROAD 84 #37			
		DAVIE, FLORIDA 33325				
Name and <u>street addres</u> Name:	ss of Florida registered agent: (P.O. E	Box NOT acceptable)				
Office Address:	11352 WEST STATE ROAD 84 #3	37				
	DAVIE	, Florida33325	Ξ.			
_:	(Cily)	, I tortua (Zip co	de)			
gistered agent's accep		of process for the above stated limited	· · · · · · · · · · · · · · · · · · ·			
	s of my position as registered agent.		duties, and I am familiar, w			
	s of my position as registered agent.		- ÷ - ÷ - ÷ - · · · · · · · · · · · · · · · · · · ·			
	(Registered agent	nt's signature)	_ 3			
The name, title or capa	(Resistered agent,	nt's signature)  has/have authority to manage is/are:	71 3 34			
The name, title or capa Title or Capacity:	(Registered agent	nt's signature)				
The name, title or capa <u>Title or Capacity:</u>	(Resistered agent.)  (Resistered agent)	o has/have authority to manage is/are:  Title or Capacity:	71 3 34			
The name, title or capa	(Resistered agent.)  (Resistered agent)	o has/have authority to manage is/are:  Title or Capacity:	71 3 34			
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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "H & H SMART INVESTMENTS 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 SIXTH DAY OF NOVEMBER, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "H & H SMART INVESTMENTS LLC" WAS FORMED ON THE THIRD DAY OF NOVEMBER, A.D. 2017.

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



Authentication: 203523704

Date: 11-06-17