

M17000009770

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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17 NOV 16 PM 12:53

SECRETARY OF STATE
RECORDS SECTION

2017 NOV 13 PM 11:45

W17000009770

BRAY & LONG, PLLC
ATTORNEYS AT LAW

William P. Bray *
Jeffrey A. Long * †
Brendan G. Dillashaw
Charles J. Bridgmon *
Simon J. O'Brien
Robert J. Lack

* Also licensed in South Carolina
† NC Superior Court Mediator &
Certified SC Circuit Court Mediator

November 15, 2017

VIA UPS
Florida Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: Applications by Foreign LLC for Authorization to Transact Business in FL
Name: HLSS1, LLC;
Name: harbor Light Self Storage, LLC

To Whom It May Concern,

Our office mailed in two (2) Applications by Foreign LLC for Authorization to Transact Business in FL for the above referenced company's last week. We might have forgotten to include the certificates of existence from the state in which the companies were organized. If so, please accept the enclosed certificates of existence in order to proceed with the filings. If you have any questions please contact me at (704) 523-7777 or by email: LStefanelli@braylong.com

Sincerely,



Laura Stefanelli
Paralegal

Encl.

2017 NOV 16 PM 1:53

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Charles J. Bridgmon *
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Robert J. Lack

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† NC Superior Court Mediator &
Certified SC Circuit Court Mediator

November 10, 2017

VIA US MAIL

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

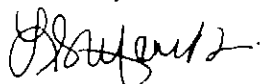
**Re: Application by Foreign Limited Liability Company for Authorization to
Transact Business in Florida**

Company Name: HLSS1, LLC

To Whom It May Concern,

Enclosed please find a check made payable to the Florida Department of State in the amount of \$130.00 and the Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida. Please file and return a file stamped copy and certificate of status in the enclosed prepaid envelope. Please feel free to contact our office with any questions or concerns.

Sincerely,



Laura Stefanelli
Paralegal

Encl.

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: HLSS1, 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:

Laura Stefanelli

Name of Person

Bray & Long, PLLC

Firm/Company

2820 Selwyn Ave., Suite 400

Address

Charlotte, NC 28209

City/State and Zip Code

LStefanelli@braylong.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Laura Stefanelli

704

523-7777

at (_____) _____

Name of Contact Person

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. HLSSI, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
- (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")
2. Delaware 3. _____
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)
4. _____
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
5. 5504 Keeler Oak Street 6. 5504 Keeler Oak Street
(Street Address of Principal Office) (Mailing Address)
Lithia, FL 33547 Lithia, FL 33547

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

Name: James Lockhart

Office Address: 5504 Keeler Oak Street

Lithia, Florida 33547
(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.

(Registered agent's signature)

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

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<u>Manager</u>	<u>James Lockhart</u>	_____	_____
_____	<u>5504 Keeler Oak Street</u>	_____	_____
_____	<u>Lithia, FL 33547</u>	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

FILED
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CLERK OF DISTRICT COURT
JACKSONVILLE, FLORIDA

(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.

(Signature of an authorized person)

James Lockhart, Manager

Typed or printed name of signee

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HLSS1, 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 SECOND DAY OF NOVEMBER, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HLSS1, LLC" WAS FORMED ON THE TWENTY-SEVENTH DAY OF OCTOBER, A.D. 2017.



6594348 8300

SR# 20176857036

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 203503322

Date: 11-02-17