

117000009967

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

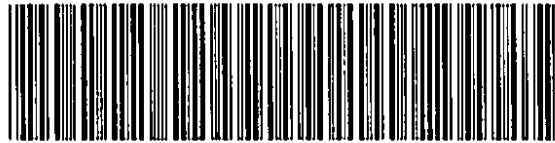
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 7, 2017

DANIEL RODRIGUEZ  
8323 NW 12TH ST SUITE 204  
DORAL, FL 33126

SUBJECT: HCAS HOLDINGS LLC  
Ref. Number: W17000073926

We have received your document for HCAS HOLDINGS LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return 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.

Dionne M Pijaux  
Regulatory Specialist

Letter Number: 417A00022532

2017 NOV 27 PM 12:28

MAIL ROOM

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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. HCAS Holdings 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. 82-2038257  
(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. 850 New Burton Rd 6. 8323 NW 12th Street  
(Street Address of Principal Office) (Mailing Address)
- Suite 204  
Dover, DE 19904
- Suite 204  
Doral, FL 33126

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

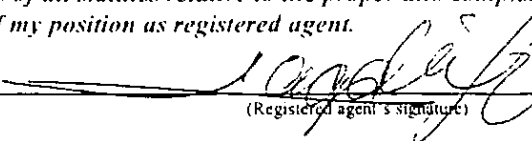
Name: Magdiel Rodriguez

Office Address: 8323 NW 12th Street, Suite 204

Doral, Florida 33126  
(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>CEO</u>	<u>Magdiel Rodriguez</u> <u>8323 NW 12th St, Suite 204</u> <u>Doral, FL 33126</u>		
<u>Manager</u>	<u>Maikel Rodriguez</u> <u>8323 NW 12th St, Suite 204</u> <u>Doral, FL 33126</u>		

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TALLAHASSEE, 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

Magdiel Rodriguez

Typed or printed name of signee

# Delaware

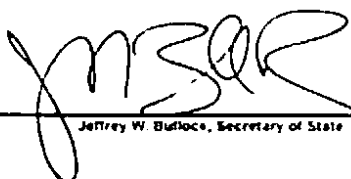
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Page 1

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

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JALANNOSE, J. BULLOCK



  
Jeffrey W. Bullock, Secretary of State

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SR# 20176978558

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

Authentication: 203540673

Date: 11-08-17