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Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : INCORP SERVICES INC

Account Number: I20120000007

Phone : (702)866-2500,

Fax Number

: (702)866-2684

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

Email Address: documents@incorp.com

Foreign Limited Liability Company Haken Gainesville Development, LLC

| Certificate of Status | 0 |
|-----------------------|----------|
| Certified Copy | 1 |
| Page Count | 07 |
| Estimated Charge | \$155.00 |



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COVER LETTER

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| TO: | Registration Section |
|-----|--------------------------|
| | Division of Cornorations |

| Div | ision or Corporatio | 7115 | | | |
|-------------------------------|---|---|---|--|--|
| SUBJECT: | Haken Gainesv | ille Development, LLC | | | |
| oome: | Name of Limited Liability Company | | | | |
| The enclosed Existence, ar | d "Application by Fond check are submitted | oreign Limited Liability Com ed to register the above refer | spany for Authorization to Trenced foreign limited liabil | ransact Business in Florida," Certificate o ity company to transact business in Florida | |
| Please return | s all correspondence | concerning this matter to the | e following: | | |
| | Danielle Litt | lejohn | | | |
| | | } | lame of Person | | |
| | InCorp Servi | ces, Inc. | • | | |
| | | F | irm/Company | | |
| | 3773 Howa | rd Hughes Pkwy. · Suite | e 500S | | |
| | | | Address | | |
| | Las Vegas, | NV 89169-6014 | | | |
| | | City/S | State and Zip Code | | |
| | documents@ir | icorp.com | | | |
| | | E-mail address: (to be use | d for future annual report no | otification) | |
| For further in | nformation concerni | ng this matter, please call: | | | |
| Danielle | Littlejohn on beh | alf of InCorp Services, I | | | |
| | Name | of Contact Person | Area Code Da | ytime Telephone Number | |
| Divi Reg P.O. | ILING ADDRESS ision of Corporation istration Section . Box 6327 ahassec, FL 32314 | | Divisior Registra Clifton 1 2661 Ex | T ADDRESS: of Corporations tion Section Building ecutive Center Circle see, FL 32301 | |
| | check for the follow 125,00 Filing Fee | ving amount: \$\Boxed{1} \S130.00 \text{ Filing Fee & Certificate of Status}\$ | ■ \$155.00 Filing Fee & Certified Copy | ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy | |

(((H180000325013)))

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

| IN COMPLIANCE WITH SI COMPANY TO TRANSACT. | ECTION 605.0902, FLORIDA STATUTES, THE BUSINESS IN THE STATE OF FLORIDA: | FOLLOWING IS SUBMITTED TO REGIS | TER A FOREIGN LIMITED LIABILITY |
|--|--|---|--|
| | e Development, LLC | e 3 | |
| (Name of Forei | gn Limited Liability Company; must include "Lim | ited Liability Crympany," "L. L.C.," or "LLC." | ") |
| | | | |
| | e name adopted for the purpose of transacting business in f | | shiliny Company," "L.L.C," or "LLC.") |
| 2. Texas (Jurisdiction under the law of | which foreign lamind vability company is regarined) | 3. <u>82-1588372</u> | ber, if applicable) |
| 4 Upon Registratio | | (| , u (), u) |
| 4. Opon registration | (Date first transacted business to House, (I print) (See sections 605 0904 & 605 0905, F.S. to deter | to registration.) | |
| 6 601 Brandon Way | (See sections 693 0904 & 605,0905, F.S. to deter | | |
| | of Principal Office) | 6. 601: Brandon Way | kess) |
| Austin, TX 78733 | · | Austin, TX 78733 | <u> </u> |
| | | | |
| | • | | F 10 8 |
| 7. Name and street addr | ess of Florida registered agent: (P.O. Bo | x <u>NOT</u> acceptable) | = |
| Name: | InCorp Services, Inc. | | |
| Office Address: | 17888 67th Court North | | 2 1 |
| Office Address: | | | |
| ĺ | Loxahatchee (City) | , Florida 33470 | 至 〇 |
| Registered agent's acce | ptance: | (Zip ∞c | \mathbb{R}^{n} ∞ |
| Having been namedas i designated in this analic | registered agent and to accept service of | process for the above stated limited | liability company at the place |
| to comply with the provi | ation, I hereby accept the appointment (sions of all statutes relative to the prope | as registered eigent and agree to bed It and complete performance of my | in this capacity. I furthe r a gree duties, and I am familiar with |
| and accept the obligation | ns of my position as registered agent. | , | <u>,</u> |
| | | Danielle Littlejohn on | behalf of Incorp Services, Inc. |
| | (Registered agest's | t tignature) | - |
| 8. The name, title of car | pacity and address of the person(s) who h | iss/have authority to manage is/are: | |
| Title or Cupneity; | Name and Address; | Title or Capacity: | Name and Address: |
| Manager | Justin C. Helms | <u> </u> | |
| | 601 Brandon Way Austin, TX 78733 | | |
| | | 11 | |
| | _ · <u></u> | | |
| | | - | |
| (Use attachments if neces | Sen-v) | | |
| | | | |
| urisdiction under the law | of existence, no more than 90 days old, of which it is organized. (If the certifications of the certifications | duly authenticated by the official hate is in a foreign language, a translati | ving custody of records in the on of the certificate under oath |
| if the translator mus be s | domitted) | | |
| 0. This document is exec | cuted in accordance with section 605.020. | 3 (1) (b), Florida Statutes. I am aware | that any false information |
| ubmitted in a document t | o the Dopartment of State constitutes a th | ird degree felony as provided for in s | .817.155, F.S. |
| | Will Helm | <u> </u> | |
| j | Signature | of an authorized person | |
| ; | Justin C. Helms . | 75, 40 | |
| | | printed name of signer | |
| i | | UUU8 FH JJJ | 0 32501 3))) |
| ì | | (((,1+000) | ο 362 ου 2011 |

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



Rolando B. Pablos Secretary of State

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Office of the Secretary of State

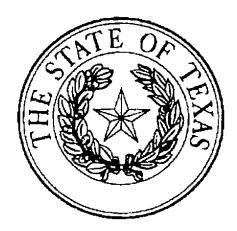
Certificate of Fact

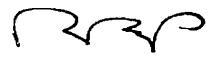
The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Haken Gainesville Development, LLC (file number 802725010), a Domestic Limited Liability Company (LLC), was filed in this office on May 18, 2017.

It is further certified that the entity status in Texas is in existence.

Delayed Effective date: May 19, 2017

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on January 24, 2018.





Rolando B. Pablos Secretary of State

(((H180000325013)))

Come visit us on the internet at http://www.sos.state.tx.us/
Phone: (512) 463-5555

Fax: (512) 463-5709

Prepared by: SOS-WEB

TID: 10264

: (512) 463-5709 Dial: 7-1-1 for Relay Services TID: 10264 Document: 790385530002

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COVER LETTER

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| TO: Reg Div | gistration Section rision of Corporations | | | | |
|-------------------------------|---|---|---|--|--|
| SUBJECT: | Haken Gainesville Development, LLC | | | | |
| | Name of Lin | nited Liability Compar | ny. | | |
| The enclosed Enistence, an | i "Application by Foreign Limited Liability Compand check are submitted to register the above reference | y for Authorization to ed foreign limited liab | Transact Business in Florida." Certificate of ility company to transact business in Florida. | | |
| | all correspondence concerning this matter to the following | | | | |
| | Danielle Littlejohn | | | | |
| | Name | of Person | | | |
| | InCorp Services, Inc. | | | | |
| | Firm/ | Company | | | |
| | 3773 Howard Hughes Pkwy. · Suite 50 | 0S | | | |
| | Address | | | | |
| | Las Vegas, NV 89169-6014 | | | | |
| | City/State | and Zip Code | | | |
| | documents@incorp.com | | | | |
| | E-mail address: (to be used for | future annual report r | notification) | | |
| For further in | formation concerning this matter, please call: | | | | |
| Danielle | Littlejohn on behalf of InCorp Services, Inc. | 800-246-2677 | | | |
| | Name of Contact Person | · | aytime Telephone Number | | |
| Divis Regis P.O. | ILING ADDRESS: sion of Corporations stration Section Box 6327 thassee, FL 32314 | Divisio Registr Clifton 2661 E | ET ADDRESS: n of Corporations ation Section Building Executive Center Circle Sizes, FL 32301 | | |
| Enclosed is a c | check for the following amount: 25.00 Filing Fee | \$155.00 Filing Fee & | ☐ \$160.00 Filing Fee, Certificate | | |

Certified Copy

Certificate of Status

of Status & Certified Copy

(((H180000 32501 3)))

(((H180000325013)))

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 HABILITY COMPLMY TO TRUNSACT BUSINESS IN THE STATE OF FLORIDA: Haken Gainesville Development, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L L C.," or "LLC.") (If name coas adable, enter all crasts name adopted for the purpose of crasts, ting business in Florida. The alternate name must not ade. "Limited Liability Company," "11.C," or "LLC.") Texas 3 82-1588372 (Jurisdiction under the Lips of which foreign farmed liability company is organized) (i El number, if applicable) Upon Registration (Date tirst transacted business in Founds of prior to registration) (See tentions 605 0904 & 805 0905, F.S. to determine persity liability) 5. 601 Brandon Way 6, 601 Brandon Way (Street Ardress of Proteinal Offica) Austin, TX 78733 Austin, TX 78733 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) InCorp Services, Inc. Name: 17888 67th Court North Office Address: Loxahatchee , Florida 33470 (City) 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. Danielle Littlejohn on behalf of Incorp Services, Inc. (Registered agent's signature) 8. The name, title of capacity and address of the person(s) who has/have authority to manage is/are: Title or Canacity: Name and Address: Title or Capacity: Name and Address: Manager Justin C. Helms 601 Brandon Way (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. र्वा का आगोलसंदर्भ कृष्ण ला Justin C. Helms Typed or printed name of signce

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



Rolando B. Pablos Secretary of State

(((H180000325013)))

Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Haken Gainesville Development, LLC (file number 802725010), a Domestic Limited Liability Company (LLC), was filed in this office on May 18, 2017.

It is further certified that the entity status in Texas is in existence.

Delayed Effective date: May 19, 2017

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on January 24, 2018.





Rolando B. Pablos Secretary of State

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