Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H18000109423 3)))



H180001094233ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

			- 1
			2
count Name	: C T CORPORATION SYS	STEM :	표 표
count Number	: FCA000000023	•	
ione	: (614)280-3338		75
ix Number	: (954)208-0845		1
			. कं
	A shirt books a		n. future
	count Number one x Number	count Number : FCA000000023 one : (614)280-3338 x Number : (954)208-0845	one : (614)280-3338

APR-6 PMD-3

DEPARTMENT OF STATE INVISION OF CORPORATE INVISION OF CORPORATE IN TALLAHASSEE. FLOI

Foreign Limited Liability Company HUSA LH JF, LLC

Certificate of Status	U
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

Help

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

IN COMPILANCE WITH SECTION 605,0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED HABILITY COMPANY TOTRANSACI BUSINESS IN THE STATE OF FLORIDA:

HUSA LH JF, LLC (Name of Perega Lamited Lambility Company) must include "Lambility Company," "LLC," or "L	HUSA LH JF, LLC		WILL A STATE OF THE STATE OF TH	
Composition where the law of which foreign lamined liability company is expensed. (PEI resulted)	(Name of Foreign I	imited Liability Company; must include "I	united Liability Company," L.E.C., or Line.	
Secretarian	-(1-1)	me adouted by the purpose of transacting husines:	in Florida. The alternate rame must include "Limited Liabi	kty Company," "L.L.C," or "LLC.")
(Fill randot, if applicable) (Fill randot, if applicable) (Dute frus manusced business is Plauble, (prost to regression) (Severa Address) (Severa Address) (Severa Address) Newton, MA 02466 Name and street address of Florida registered agent: (P.O. Flox NGT acceptable) Name: CT Corporation System Office Address: 1200 South Pine Island Road Plantation Plantation (Clo) Registered agent and to accept service of process for the above stated limited liability company at the process for the above stated limited liability company at the process for the above stated limited liability company at the process for the above stated limited liability company at the process for the above stated limited liability company at the process for the above stated limited liability company at the process for the above stated limited liability company at the process for the above stated limited liability company at the process for the process for the above stated limited liability company at the process for the process for the process for the above stated limited liability company at the process for process		te dividual or the benefitee at comments	4 82-4870115	
275 Grove St., STE 3-103 Street Address of Prompted Office) Newton, MA 02466 Name: C T Corporation System	(Jurisdiction under the law of whi	ch (creign limited liability company is organized)	(FEI rambe	r, if applicable)
275 Grove St., STE 3-103 State Address of precipital Office) Newton, MA 02466 Newton, MA 02466				
Name and street address of Florida registered agent: (P.O. Box NQT acceptable) Name: C T Corporation System Office Address: 1200 South Pine Island Road Plantation Plantation (Oty) Florida 33324 (Chy toole) Egistered agent's acceptance: with septiment as registered agent and to accept service of process for the above stated limited liability company at the earlier comptly with the provisions of all statutes relative to the proper and comple experiormance of my dutles, and I am famillar and accept the aboligations of my position as registered agent. By: C T Corporation System ASS Status Statutes are stated agent. The name, title or capacity and address of the person(s) who has have authority to manage is fare: Title or Capacity: Name and Address: Oscionon 275 Grove St. STE 3-103 Newton, MA 02465 (Use attachments if necessary) Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records it orisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under 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 auther than a document to the Department of the constitutes a faired degree felony as provided for in s.817.155, F.S.		(Date first transacted business in Florida, if ; (See acctions 603.0904 & 605.0905, F.S. to	n ion to registration) determine penalty liability) [
Name and street address of Florida registered agent: (P.O. Box NQT acceptable) Name: C T Corporation System Office Address: 1200 South Pine Island Road Plantation Plantation (Ob) Florida 33324 (Chy toole) Egistered agent's acceptance: wing been named as registered agent and to accept service of process for the above stated limited liability company at the passignated in this application. I hereby accept the appointment as registered agent and agree to act in this capacity. I further comply with the provisions of all statutes relative to the proper and comple 's performance of my duttes, and I am familiar at accept the abiligations of my position as registered agent. The name, title or cupacity and address of the person(s) who has have authority to manage is fare: Title or Capacity: Name and Address: Name and Address: Title or Capacity: Name and Address: Name and Address: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Name and Address: Title or Capacity: Name and Addre	275 Grove St., STE 3	3-103	6. 275 Grove St., STE 3-10.	3
Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: C T Corporation System Office Address: 1200 South Pine Island Road Plantation , Florida 33324 Plantation , Florida 13324 Plantation	(Street Address of P	rusoiçai Ollico)		:u)
Office Address: 1200 South Pine Island Road Plantation Plantati	Newton, IVIA 02400			
Office Address: 1200 South Pine Island Road Plantation Plantati	Nigura and extent address	s of Florida registered agent: (P.O	. Box NOT acceptable)	
egistered agent's acceptance: Color Florida 33324 (Jip code) Equivariance				
egistered agent's acceptance: (City) (Completed agent and agree to uct in this capacity. Intrinsical complete to uct in this capacity. Intrinsical complete yer formance of my dutles, and I am famillar now a complex of my dutles, and I am famillar now a complex of my dutles, and I am famillar now a complex of my dutles, and I am famillar now a complex of my dutles, and I am famillar now a complex of my dutles, and I am famillar now a complex of my dutles, and I am famillar now a complex of my dutles, and I am famillar now a capacity of my dutles, and I am famillar now a capacity of my dutles, and I am famillar now a capacity of my dutles, and I am famillar now a capacity of my dutles, and I am famillar now a capacity of my dutles, and I am famillar now a capacity of my dutles, and I am famillar now a capacity of my dutles, and I am famillar now a capacity of my dutles, and I am famillar now a capacity of my dutles, and I am famillar now a capacity of my dutles, and I am famillar now a capacity of my dutles, and capacity of my du		1200 South Pine Island Road		
Registered agent's acceptance: Aving been named as registered agent and to accept service of process for the above stated limited liability company, at the personned as registered agent and agree to act in this capacity. I further occupies with the provisions of all statutes relative to the proper and comple performance of my duties, and I am familiar and accept the obligations of my position as registered agent. Hy: CT Corporation System AGS, Stant Secretify Title or Capacity: Name and Address: Title or Capacity: Manager Garrett Solomon 275 Groyo St. STE 3-103 Newton, MA 02465 (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 jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under 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 informations submitted in a document to the Department of State constitutes a faired degree felony as provided for in a.817.155, F.S. Signature of an acharized person. Signature of an acharized person. Gerrott Solomon	•	Plantation	, Florida <u>33324</u>	21
Autached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in a foreign language, a translation of the certificate under the translator must be submitted) Of the translator must be submitted) Official translator must be submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.		(City)	(Zip cod	" 言 .
Manager Garrett Solomon 275 Grove St., STE 3-103 Newton, MA 02466 (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 is parisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under 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 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 autherized person Signature of an autherized person Garrott Solomon	3. The name, title or cap	acity and address of the person(s)	who has/have authority to manage is/arc:	: 2
(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 is jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under 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 faird degree fellowy as provided for in s.817.155, F.S. Signature of an authorized parton.	•		The or Capital	-
(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 is parisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under 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 informations submitted in a document to the Department of State constitutes a third degree fellony as provided for in s.817.155, F.S. Signature of an authorized parson Gerrott Solomon	Manager	275 Grove St., STE 3	3-103	,
Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records i perisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under 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 and accordance to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. Signature of an authorized yearson. Signature of an authorized yearson.		Newton, MA 02466		
Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records i perisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under 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 and accordance to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. Signature of an authorized yearson. Signature of an authorized yearson.		·		
Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records i perisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under 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 and accordance to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. Signature of an authorized yearson. Signature of an authorized yearson.				
Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records i perisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under 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 and accordance to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. Signature of an authorized yearson. Signature of an authorized yearson.		(com)		
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 yearson Gerrott Solomon	•	. 00.1	and duly surhenticated by the official h	aving custody of records in
Signature of an authorized purson Gerrott Solomon	prisdiction under the lav of the translator must be	v of which it is organized. (If the co submitted)	entificate is in a foreign ranguage, a trans-	
Gerratt Solomon	10. This document is exe submitted in a document	couted in accordance with section 6 to the Department of State constitu	tes a third degree letony as provided to:	are that any false information as 817.155, F.S.
Gerratt Solomon			- F 12 1	
		Gerratt Solomon	, t/	
			Typod or printed minic of junee	

Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "HUSA LH JF, 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 APRIL, A.D. 2018.

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

2111 LPR - b A 9-2

 $\mathbb{Z}_{\mathrm{LL}}(s) = \mathfrak{E}_{s}(\mathbb{Z}_{+}) S$

Authentication: 202465349

Date: 04-06-18

6807901 8300 SR# 20182491739

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