# M18000003622

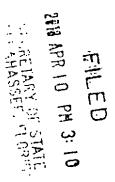
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Office Use Only



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M. MILLIGAN APR 1 6 2016

#### COVER LETTER

	Registration Section Division of Corporation	s				
SUBJEC"	HRD Investment Gre	oup, LLC, Series 8				
		Name of I	Limited Liability (	Company		
					nsact Business in Florida," Certi company to transact business in	
Please reti	urn all correspondence co	oncerning this matter to the	following:			
	Dib Diab					
	<u></u>	Na	ame of Person			
	<del></del>	Fi	rm/Company	1 <del>.</del>		
	1623 Warner Di	rive				
			Address			
	Chuluota, FL 32	2766				
		City/St	ate and Zip Code			
	david@chuluota.c	com				
		E-mail address: (to be used	for future annual	report not	ification)	
For furthe	r information concerning	this matter, please call:				
,	Adam O. Kirwan		407 _ at (	210-663	22	
_	Name of	Contact Person	Area Code	Day	time Telephone Number	
E R P	MAILING ADDRESS: Division of Corporations Registration Section 2.O. Box 6327 Callahassee, FL 32314			Division of Registrati Clifton B 2661 Exe	ADDRESS: of Corporations on Section uilding cutive Center Circle ee, FL 32301	
	is a check for the followi \$125.00 Filing Fee	ng amount:  ☐ \$130.00 Filing Fee &  Certificate of Status	☐ \$155.00 Filin Certified Copy	ıg Fee &	☐ \$160.00 Filing Fee, Certific of Status & Certified Copy	ate

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

IN COMPLIANCE WITH SECTION 605.0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

		e "Limited Liability Company," "L.L.C.," or "L	
ume unavailable, enter alternate ac	ame adopted for the purpose of transacting busin	ness in Florida. The alternate name must include "Limi	ted Liability Company," "L.L.C," or "LLC.")
Delaware		3. 82-3896388	
(Jurisdiction under the law of wh	nch foreign limited liability company is organize	ed) (FI	Il number, if applicable)
	(Date first transacted business in Florida, (See sections 605 0904 & 605 0905, F.S.	if prior to registration ) to determine penalty liability)	<del></del>
1623 Warner Drive		6. 1623 Warner Drive	
(Street Address of P	nncipal Office)	(Mailii	ng Address)
Chuluota, FL 32766		Chuluota, FL 32766	<del></del>
		<del> </del>	
Name and street addres	s of Florida registered agent: (P.	O. Box NOT acceptable)	
Name:	Dib Diab		
Office Address:	1623 Warner Drive		
Office Address.	ota		_
	Chulules (Civ.)	, Florida <u>32766</u>	<u> </u>
comply with the provisi	tion, I hereby accept the appoint ons of all statutes relative to the s of my position as registered age	ment as registered agent and agree to proper and complete performance of ent.	f my duties, and I am familiar w
comply with the provisi ad accept the obligations	tion, I hereby accept the appoint ons of all statutes relative to the s of my position as registered ago	ment as registered agent and agree to proper and complete performance of ent.  Of Olympia (121)	o act in this capacity. I further f my duties, and I am familiar w
comply with the provisi and accept the obligations	tion, I hereby accept the appoint ons of all statutes relative to the s of my position as registered ago	ment as registered agent and agree to proper and complete performance of ent.	o act in this capacity. I further f my duties, and I am familiar w
comply with the provision accept the obligations  The name, title or capa	tion, I hereby accept the appoint fons of all statutes relative to the sof my position as registered ago (Registered and active and address of the person(s)	ment as registered agent and agree to proper and complete performance of ent.	o act in this capacity. I further f my duties, and I am familiar w  21550   2210-5  are:
comply with the provision accept the obligations  The name, title or capa  Title or Capacity:	tion, I hereby accept the appoint for of all statutes relative to the start of my position as registered ago (Registered and address of the person(s)  Name and Address:  Dib Diab  1623 Warner Drive	ment as registered agent and agree to proper and complete performance of ent.	o act in this capacity. I further f my duties, and I am familiar w  21550   2210-5  are:
comply with the provision accept the obligations  The name, title or capa  Title or Capacity:	sion, I hereby accept the appoint fons of all statutes relative to the sof my position as registered ago (Registered address of the person(s)  Name and Address:  Dib Diab	ment as registered agent and agree to proper and complete performance of ent.	o act in this capacity. I further f my duties, and I am familiar w  21550   2210-5  are:
comply with the provisi d accept the obligations  The name, title or capa  Title or Capacity:	tion, I hereby accept the appoint for of all statutes relative to the start of my position as registered ago (Registered and address of the person(s)  Name and Address:  Dib Diab  1623 Warner Drive	ment as registered agent and agree to proper and complete performance of ent.	o act in this capacity. I further f my duties, and I am familiar w  21550   2210-5  are:
comply with the provisi d accept the obligations  The name, title or capa  Title or Capacity:	tion, I hereby accept the appoint for of all statutes relative to the start of my position as registered ago (Registered and address of the person(s)  Name and Address:  Dib Diab  1623 Warner Drive	ment as registered agent and agree to proper and complete performance of ent.	o act in this capacity. I further f my duties, and I am familiar w  21550   2210-5  are:
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comply with the provisi d accept the obligations  The name, title or capa  Title or Capacity:  MGR	ion, I hereby accept the appoint ons of all statutes relative to the statutes of my position as registered age (Registered and address of the person(s)  Name and Address:  Dib Diab  1623 Warner Drive Chuluota, FL 32766	ment as registered agent and agree to proper and complete performance of ent.	o act in this capacity. I further f my duties, and I am familiar w  21550   2210-5  are:
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The name, title or capa  Title or Capacity:  MGR  Jse attachments if neces:  Attached is a certificate risdiction under the law the translator must be sure.  This document is executed.	tion, I hereby accept the appoint fons of all statutes relative to the start of my position as registered age (Registered and Address:  Dib Diab  1623 Warner Drive Chuluota, FL 32766  sary)  of existence, no more than 90 day of which it is organized. (If the coubmitted)  uted in accordance with section 60	who has/have authority to manage is/ Title or Capacity:  ys old, duly authenticated by the office ertificate is in a foreign language, a training proper and complete performance of property and agree to proper and complete performance of property.	are:  Name and Address:  iał having custody of records in tanslation of the certificate under a aware that any false information

Typed or printed name of signee

Dib Diab

Page 1

## Delaware The First State

I, JEFFREY W. BULLOCK; SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HRD INVESTMENT GROUP, 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 FOURTH DAY OF APRIL, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID "HRD INVESTMENT GROUP, LLC" IS A SERIES LIMITED LIABILITY COMPANY.

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

6656787 8300E SR# 20182427579

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

Authentication: 202448769

Date: 04-04-18

## State of Delaware Limited Liability Company Certificate of Formation

State of Delaware
Secretary of State
Division of Corporations
Delivered 04:19 PM 12/11/2017
PILED 04:19 PM 12/11/2017
SR 20177502103 - File Number 6656787

This certificate of formation is being executed for the purpose of forming a limited liability company pursuent to the Delaware Limited Liability Company Act, 6 <u>Del C</u> 18-101, et Seq.

FIRST: The name of the limited fiability company is:

#### HRD INVESTMENT GROUP, LLC.

SECOND: The address of its registered office in the State of Delaware is 3511 Silverside Road, Suite 105, Wilmington, DE 19810. The name of its Registered Agent at such address is Delaware intercorp, LLC.

THIRD: The members agree to be bound by the signed Limited Liability Company Agreement(s) except as they may be contradicted by the Limited Liability Company Act of the State of Delaware.

FOURTH: This Certificate of Formation establishes one hundred (100) separate Series of this Limited Liability Company. Said Series may be referred to as: HRD INVESTMENT GROUP, LLC, SERIES 1; HRD INVESTMENT GROUP, LLC, SERIES 2; etc., or any other method that reasonably describes the particular Series relevant to the intended transaction.

Take Notice of the limitation on liabilities of a series as referenced in this Certificate of Formation and as set forth in 8 Del.C. 18-215. The debts, liabilities and obligations incurred, contracted for or otherwise existing with respect to a particular series shall be enforceable against the assets of such series only, and not against the assets of the limited liability company generally or any other series thereof, and, unless otherwise provided in the limited liability company agreement, none of the debts, liabilities, obligations and expenses incurred, contracted for or otherwise existing with respect to the limited liability company generally or any other series thereof shall be enforceable existing with assets of such series.

FIFTH: No member or members of the limited liability company shall have the right to assign their interest in the limited liability company, whether voluntarily or involuntarily, without the unanimous written agreement of all of the members (the "Required Unanimous Vota"), unless otherwise provided in the limited liability company's operating agreement. If an assignment of a membership interest is not approved by the Required Unanimous Vota, the assignee (which includes, without limitation, the holder of a charging order) shall have no right to (I) become a member of the limited liability company, or (iii) exarcise any rights or powers of a member and/or manager. The assignee shall merely be entitled to receive the share of profits and other distributions to which the assignor was entitled, to the extent assigned. Any such assignee shall be allocated and report all Items of income, gain, loss, deduction, credit or other tax allocation (a "Taxable Item") on such assignee's income tax returns each year to the same extent the assignor would have been allocated such Taxable Items and the assignee shall receive the federal and all relevant state Forms K-1 with respect to such

allocations. Each Member (and any future assignee(s), including, without limitation, the holder of a charging order) is put on notice that (i) the Managers may make investment decisions that may produce algorificant income tax. Isblitly to the Members and assignees and that corresponding distributions with which to pay such income tax liability not be made and (ii) that the terms of the operating agreement provide that (a) this is reasonable, and (b) does not constitute a breach of fiduciary duty by the Managers.

IN WITNESS WHEREOF, I, the undersigned, being fully authorized to execute and file this document, for the purpose of forming a limited liability company pursuant to the Delaware Limited Liability Company Act, do make this Certificate of Formation, acknowledging under the penalties of perjury in the third degree, hereby decisring and certifying that this instrument is my act and deed and the facts herein are true, pursuant to 6 Del.C 18-204 and accordingly have hereunto set my hand this 11th day of December, 2017.

DELAWARE INTERCORP. LLC

Kelly K. Magaw, Authorized Person