| (Requestor's Name) | | | | | |
|---|--------------------|-------------|--|--|--|
| (Address) | | | | | |
| (Address) | | | | | |
| (Cit | ty/State/Zip/Phone | e #) | | | |
| PICK-UP | MAIT | MAIL | | | |
| (Business Entity Name) | | | | | |
| (Document Number) | | | | | |
| Certified Copies | _ Certificates | s of Status | | | |
| Special Instructions to Filing Officer: | | | | | |
| | | | | | |
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Office Use Only



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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 238056 4309487

AUTHORIZATION

COST LIMIT : (\$ 125.00

ORDER DATE: May 31, 2018

ORDER TIME : 9:26 AM

ORDER NO. : 238056-010

CUSTOMER NO: 4309487

FOREIGN FILINGS

NAME: HUNTLEY ENTERPRISES LLC

XXXX QUALIFICATION (TYPE: <u>LL</u>)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Emily Croft -- EXT# 62925

EXAMINER:

COVER LETTER

| CT - 1 | untley Enterprises | | | | | |
|------------------------------|--|---|------------------------------------|--|---------------------------------------|----|
| | Name of Limited Liability Company | | | | | |
| | | eign Limited Liability Comp d to register the above refer | | | | |
| Please return all | Correspondence of | concerning this matter to the | following: | | | |
| | Katie Sadowsk | i | | | | |
| | | N | ame of Person | | | |
| | Day Pitney LLI | p | | | | |
| | <u></u> | Fi | rm/Company | | | |
| | One Canterbur | y Green | | | | |
| | | | Address | | E. Na | |
| | Stamford, CT 0 | 16901 | | | | |
| | | City/S | tate and Zip Code | | S: S | 11 |
| | ksadowski@day _l | pitney.com | | | | |
| | | E-mail address: (to be used | d for future annua | l report notification) | FL04: 5: | Ö |
| For further info | rmation concernin | g this matter, please call: | | | 0 | |
| Katie : | Sadowski | | 203 at (| 977-7450 | | |
| | Name o | f Contact Person | Area Code | Daytime Tele | ephone Number | |
| Divisio Registr P.O. B | ING ADDRESS: on of Corporations ration Section ox 6327 assee, FL 32314 | | | STREET ADDRI Division of Corpo Registration Section Clifton Building 2661 Executive Co Tallahassee, FL 32 | rations on enter Circle | |
| | eck for the follow 5.00 Filing Fee | ing amount: \$\Bigcup \text{\$\Sigma}\$130.00 Filing Fee & Certificate of Status | □ \$155.00 Filii Certified Copy | | 0.00 Filing Fee, Cous & Certified Cop | |

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:

| Huntley Enterprises LL | C | | C | | |
|--|--|-----------------------------|--|--|--|
| (Name of Foreign | Limited Liability Company; must include "Limite | SC LIBOURY | Company, Lieu, or Lie.) | | |
| If name unavailable, coser alternate ra | ume adopted for the purpose of transacting business in Flo | xids. The st | ernate name must include "Limited Liab | ility Company," "L.L.C." or "LLC.") | |
| Delaware | • | 3. | | | |
| (Jurisdiction under the law of wh | tich foreign limited liability company is organized) | Э. | (FEI mumb | (FEI murber, if applicable) | |
| 1. | | | | | |
| • | (Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determ | registration ine penalty |) jability) | | |
| 429 Australian Avenue | :,#11 | 6. | 429 Australian Avenue, #1 | 1 | |
| (Street Address of Principal Office) Palm Beach, FL 33480 | | | Palm Beach, FL 33480 | cm) | |
| Faint Beach, FL 33480 | | | Talli beach, i E 55400 | | |
| | | | | 22 | |
| 7. Name and street addres | ss of Florida registered agent: (P.O. Box | NOT | icceptable) | | |
| Name: | R. Frankin Kern III | | | | |
| Name. | | | | | |
| Office Address: | 429 Australian Avenue, #11 | | | | |
| | Palm Beach, FL | | , Florida 33480 (Zip code | | |
| Registered agent's accep | (City) | | (Zip code | | |
| | (Registered agent's | s signature) | | | |
| 8. The name, title or cap | acity and address of the person(s) who h | as/have | authority to manage is/are: | | |
| Title or Capacity: | Name and Address: | I | tle or Capacity: | Name and Address: | |
| Manager | R. Frankin Kern III | | | | |
| | 429 Australian Avenue, #11 Palm Beach, FL 33480 | | | | |
| | | | | | |
| | | | | | |
| | | _ _ | | | |
| (Use attachments if neces | ssary) | | | | |
| Attached is a certificate jurisdiction under the law of the translator must be s | of existence, no more than 90 days old, of which it is organized. (If the certifica ubmitted) | , duly au itc is in a | thenticated by the official ha foreign language, a translat | ving custody of records in to ion of the certificate under of | |
| 10. This document is exec | outed in accordance with section 605.020 to the Department of State constitutes a the | hird degr | rized person | e that any false information s.817.155, F.S. | |
| | R. Frankin Kern III | | | | |
| | IN CIGIRAL IXCHI III | | | | |

Typed or printed name of signer

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "HUNTLEY ENTERPRISES LLC" IS DULY

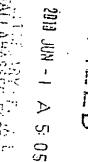
FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE THIRTY-FIRST DAY OF MAY, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HUNTLEY ENTERPRISES LLC" WAS FORMED ON THE THIRTIETH DAY OF MAY, A.D. 2018.

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



Authentication: 202799101

Date: 05-31-18

6908107 8300 SR# 20184773699