M1800007407

(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:						
W18-68820						

Office Use Only



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07/23/18--01043--024 **160.00



n BRUCE AUG 11 2018



July 27, 2018

ADAM HARDEGREE 16192 COASTAL HWY LEWES, DE 19958

SUBJECT: HARDEGREE LLC Ref. Number: W18000068820

We have received your document for HARDEGREE LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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.

Deborah Bruce Corporate Records Supervisor

Letter Number: 518A00015536 LLAHASSEE FLO

www.sunbiz.org

COVERLETTER

	egistration Section ivision of Corporation	IN.					
SUBJECT	: Harc	legree LLC					
		Name of	Limited Liability	Company		_	
		eign Limited Unability Com d to register the above refer					
Please rem	rn all correspondence c	concerning this matter to the	following:				
	Adar	n Hardegree					
		N.	ame of Person			_	
	Harc	legree LLC					
		··	nm Company			2018 NUG-9 PH 1: 1:5	
16192 Coastal Highway							Ļ
Address							
	Love	oo DE 18059				9	
	Lewe	es. DE 19958 Criv/S	itate and Zip Coc	<u>. </u>		그 - 프	,
		·	-				-
		service@hardegreellc F-mail address; (to be use		ul e must n			,
For further	information concerning	g this matter, please call:	o to total dille	in report is	area (m)		
	Adam Ha		at (<u>843</u> Area Cod	<u></u>	330-8559	_	
	Name o	f Contact Person	Area Cod	c Da	ytime Telephone Number		
Di Ro P	IAILING ADDRESS: ivision of Corporations egistration Section O. Box 6327 dlahassee, FI, 32314			Division Registra Clifton I 2661 Ex	T ADDRESS: a of Corporations stion Section Building secutive Center Circle (Sec. FL 32301	21	
Finclosed is	a check for the follow \$125.00 Filing Fee	ing amount S130,00 Filing Fee & Certificate of Status	□ \$155.00 Fit Certified Cop		□ \$160,00 Filing Fee, Cof Status & Certified Co	SEUMITANG-6 PM 2: 42 SEUMITANY OF STATE	FILED

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

IN COMPLANCE WITH SECTION 605/0902, FLORIDA STATUTEN THE FOLLOWING INSURMITTED TO REGISTER A FOREIGN LIMITED LABILITY COMPANY TO TRANSFORM IN THE STATE OF FLORIDA.

Hardegree L							
(Namdof Foreign Lunite	d Liability Company, must include "Limited	d Labdity Con	pany, "I. L.C.," or "I.L.C.	")			
ne uniterlable, enter alternate name ade	opted for the purpose of trousacting business in Flor	nda. De alternate	name must melode "I marest I	ubility Company ""I I C " or "I I C			
Delaware	,	, , , , , , , , , , , , , , , , , , , ,	The state of the s	and the second s			
invdiction taster the law of which for	righ lumbed hability conquinty is obsamzed)	٠٠	(Firl and	mber, at applicable)			
September 22	. 2017						
71	Jate first transacted business in Florida, if prior to i see sections 605 0904 & 605 0905, ES to determin	registration () ne penalty habilit	,1				
16192 Coasta			2905 Gordon Stre	eet			
(Sneet Address of Principal Office)			(Mailing 3c				
Lewes, DE 19958			Orange Park, FL 32073				
							
une and street address of I	forida registered agent: (P.O. Box	NOT accep	table)				
Name:	Adam Hardegree						
Office Address:	2905 Gordon Street		_				
		- -	1.1				
	Orange Park		Florida3207	73			
	(Registered Jens)		7				
The name, title or capacity a <u>Title or Capacity:</u>	ind address of the person(s) who ha <u>Name and Address:</u>		rity to manage is/are: <u>Capacity:</u>	Name and Address:			
Owner	Adam Hardegree		_				
	2905 Gordon Street	-					
	Orange_Park_FL_3207	3					
				全 用			
	17	·					
		-		<u>83</u>			
attachments if necessary)				ري ان ان ا			
nached is a certificate of ex-	istence, no more than 90 days old, d	iuly authenti	cated by the official h	naving custody of (Engls)			
liction under the law of wh ctranslator must be submitt	ich it is organized (If the certificate	is in a forei	gn language, a transla	tion of the certific made			
e transiator must be submitt	eaj			Ä			
his document is executed a	vaccordance with section 605,0203	(1) (b), Flo	ida Statutes. Lain awa	are that any false information			
nitted in a document to the I	Department of State constitutes a thin	rd degree fel	ony as provided for in	rs 817.155, F.S.			
	(In thirds	3-					
	Sіширіс (of an authorized p	त अभा				
	Adam_Har	degree					
	[spedia]	repled using of s	tik.				

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "HARDEGREE 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 TWENTIETH DAY OF JULY, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HARDEGREE LLC"

WAS FORMED ON THE EIGHTEENTH DAY OF SEPTEMBER, A.D. 2017.

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



Authentication: 203098449

Date: 07-20-18