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| (Red | questor's Name) | |
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| Certified Copies | Certificates | s of Status |
| Special Instructions to f | Filing Officer: | |
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COVER LETTER

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| Div | vision of Corporation | | | | | |
|-----------------------------|---|---|---|--|--|------------------------------------|
| SUBJECT: | HGTW Properties. | | | | | |
| | | Name of I | Limited Liability (| y Company | | |
| The enclose Existence, a | d "Application by For nd check are submitte | eign Limited Liability Comp d to register the above refero | oany for Authoriza enced foreign limit | tion to Tra ed liability | insact Business in Florida." company to transact busin | Certificate of ness in Florida. |
| Please return | n all correspondence o | concerning this matter to the | following: | | | |
| | William R Mat | rte III | | | | |
| | | N: | ame of Person | | | |
| | 4M Manageme | nt, LLC | | | | |
| | | Fi | rm/Company | | | |
| | PO Box 62670 | | | | | |
| | | | Address | | | |
| | Fort Myers, FL | 33906-2670 | | | | |
| | | City/S | tate and Zip Code | | <u> </u> | • |
| | billm@fireservic | eusa.com | | | | |
| | | E-mail address: (to be used | for future annual | report not | ification) | • |
| For further i | information concernin | g this matter, please call: | | | | |
| W | illiam R Maute III | | 239 at (| 281-01 | 36 | |
| | Name o | of Contact Person | Area Code | Day | time Telephone Number | • |
| Dir Re P.C | AILING ADDRESS: vision of Corporations gistration Section D. Box 6327 Ilahassee, FL 32314 | | | Division Registrat Clifton B 2661 Exe | ADDRESS: of Corporations ion Section uilding ecutive Center Circle see, FL 32301 | |
| | a check for the follow \$125.00 Filing Fee | ring amount: \$\Bigcup \text{\$\frac{1}{2}\$} \text{\$130.00 Filing Fee & Certificate of Status}\$ | □ \$155.00 Filir Certified Copy | ng Fee & | ☐ \$160.00 Filing Fee, C of Status & Certified Co | |



August 27, 2018

WILLIAM R MAUTE II 4M MANAGEMENT, LLC PO BOX 62670 FORT MYERS, FL 33906-2670

SUBJECT: HGTW PROPERTIES, LLC

Ref. Number: W18000077302

We have received your document for HGTW PROPERTIES, LLC and your check(s) totaling \$125.00. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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) 245-6052.

Letter Number: 918A00017758

Neysa Culligan Regulatory Specialist II

www.sunbiz.org

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

II. 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:

| (If came up a subble enter alternate | name adopted for the purpose of transacting business in Flor | ida. The aitem | nate name must include "Limited Lia | hilm: Company " "L.I. C." or "LLC.") |
|---|--|---------------------------------------|---|---|
| 7 Wyoming, USA | mank adopted to the purpose of ballouering desires at the | | 31-2192999 | only company. The contract of |
| (Jurisdiction under the law of w | hich foreign limited liability company is organized) | 3. <u>-</u> | | ber, if applicable) |
| | | | | |
| 4 | (Date first transacted business in Florida, if prior to r (See sections 605,0904 & 605,0905, F.S. to determine | egistration) | n(htv) | |
| 5 3120 Winkler Avenue | | | O Box 62670 | |
| (Street Address of | Principal Office) | _ | (Mailing Add | - |
| Fort Myers, FL 33916 | <u> </u> | F | ort Myers, FL 33906-267 | 0 7 5 2 2 - |
| <u> </u> | | _ | D1 . | <u> </u> |
| 7. Name and street addre | ess of Florida registered agent: (P.O. Box | NOT acc | ceptable) | ME 28 AHASSE |
| Name: | William R. Maute III | | | |
| Office Address: | 3120 Winkler Avenue Suite 30 | | . | M 9: 25 OF STAIL |
| | Fort Myers | | , Florida <u>33916</u> | |
| Registered agent's acce | | rocess fo | e the above stated limited | Hiability company at the place |
| Having been named as r designated in this applica- to comply with the provis | egistered agent and to accept service of pation, I hereby accept the appointment assions of all statutes relative to the proper as of my position as registered agent. | registere and comp | ed agent and agree to act | in this capacity. I further agree |
| Having been named as r designated in this applica- to comply with the provis and accept the obligation | egistered agent and to accept service of pation, I hereby accept the appointment assions of all statutes relative to the proper as of my position as registered agent. (Registered agent's serviced agent's servi | registere and comp | ed agent and agree to act plete performance of my | in this capacity. I further agree |
| Having been named as r designated in this applica- to comply with the provis and accept the obligation | egistered agent and to accept service of pation, I hereby accept the appointment assions of all statutes relative to the proper as of my position as registered agent. | s registere and comp signature) | ed agent and agree to act plete performance of my | in this capacity. I further agree |
| Having been named as r designated in this applicate to comply with the provisand accept the obligation 8. The name, title or cap | egistered agent and to accept service of pation, I hereby accept the appointment assions of all statutes relative to the proper as of my position as registered agent. (Registered agent's specify and address of the person(s) who has | s registere and comp signature) | ed agent and agree to act tolete performance of my thority to manage is/are: | in this capacity. I further agree duties, and I am familiar with |
| Having been named as r designated in this applicate to comply with the provisand accept the obligation 8. The name, title or capacity: | egistered agent and to accept service of pation. I hereby accept the appointment as sions of all statutes relative to the proper as of my position as registered agent. (Registered agent's specify and address of the person(s) who have and Address: | s registere and comp signature) | ed agent and agree to act tolete performance of my thority to manage is/are: | in this capacity. I further agree duties, and I am familiar with |
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| Having been named as r designated in this applicate to comply with the provisand accept the obligation 8. The name, title or cap Title or Capacity: | egistered agent and to accept service of pation. I hereby accept the appointment assions of all statutes relative to the proper as of my position as registered agent. (Registered agent's specified and address of the person(s) who has Name and Address: William R Maute PO Box 62670 | s registere and comp signature) | ed agent and agree to act tolete performance of my thority to manage is/are: | in this capacity. I further agree duties, and I am familiar with |
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| Having been named as r designated in this applicate to comply with the provisand accept the obligation 8. The name, title or capacity: MGR (Use attachments if nece 9. Attached is a certificat | egistered agent and to accept service of pation. I hereby accept the appointment as sions of all statutes relative to the proper as of my position as registered agent. (Registered agent's sepacity and address of the person(s) who has a Name and Address: William R. Maute PO Box 62670 FM. FI. 33906 essary) e of existence, no more than 90 days old, or of which it is organized. (If the certificate | signature) s/have au Title | ed agent and agree to act oblete performance of my thority to manage is/are: e or Capacity: | in this capacity. I further agree duties, and I am familiar with Name and Address: |

Typed or printed name of signee

STATE OF WYOMING Office of the Secretary of State

I, EDWARD A. BUCHANAN, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

HGTW Properties, LLC

is a

Limited Liability Company

formed or qualified under the laws of Wyoming did on **April 1, 2016**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2016-000710532**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 28th day of August, 2018 at 7:11 AM. This certificate is assigned 027740626.

Secretary of State

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website http://wyobiz.wy.gov and following the instructions displayed under Validate Certificate.