

M18000008870

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

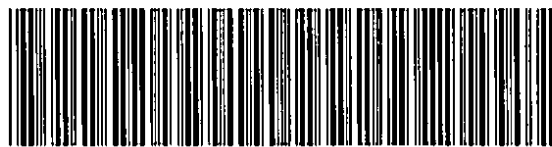
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

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18 SEP 25 PM 2:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K SALY  
SEP 27 2018



**WOODS FULLER**  
**SHULTZ & SMITH P.C.**

September 24, 2018

Rita Doohen  
[Rita.Doohen@woodsfuller.com](mailto:Rita.Doohen@woodsfuller.com)  
Extension 608

**VIA FEDERAL EXPRESS**

Florida Department of State  
Division of Corporations  
Registration Section  
P. O. Box 6327  
Tallahassee, FL 32314

Re: HBI Administrators, LLC – Application by Foreign LLC

Greetings:

On behalf of Attorney Craig Krogstad, I am enclosing the following:

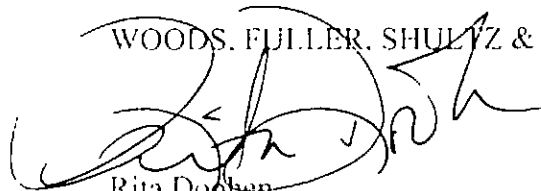
1. Cover Letter;
2. Application by Foreign LLC for Authorization to Transact Business in Florida for HBI Administrators, LLC;
3. Check in the amount of \$155.00 (filing fee & certified copy);
4. Registered Agent Consent Form; and
5. Certificate of Good Standing from the State of South Dakota.

Please provide a letter of acknowledgment of the filing in the envelope provided.

Thank you for your assistance in this matter.

Sincerely,

WOODS, FULLER, SHULTZ & SMITH P.C.



Rita Doohen  
Paralegal

Enclosures

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** HBI Administrators, LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Brian M. Hagan

\_\_\_\_\_  
Name of Person

HBI Adminstrators, LLC

\_\_\_\_\_  
Firm/Company

P. O. Box 1889

\_\_\_\_\_  
Address

Sioux Falls, SD 57101

\_\_\_\_\_  
City/State and Zip Code

bhagan@haganbarron.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Craig J. Krogstad

605

336-3890

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Contact Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

**MAILING ADDRESS:**

Division of Corporations  
Registration Section  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**

Division of Corporations  
Registration Section  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Enclosed is a check for the following amount:

- |                                              |                                                                         |                                                                             |                                                                                         |
|----------------------------------------------|-------------------------------------------------------------------------|-----------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input checked="" type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy | <input type="checkbox"/> \$160.00 Filing Fee, Certificate<br>of Status & Certified Copy |
|----------------------------------------------|-------------------------------------------------------------------------|-----------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|

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:

1. HB1 Administrators, LLC  
(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LLC.")
- (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")
2. South Dakota 3. \_\_\_\_\_  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)
4. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
5. 431 N. Phillips Avenue, Suite 220 6. P. O. Box 1889  
(Street Address of Principal Office) (Mailing Address)  
Sioux Falls, SD 57104 Sioux Falls, SD 57101
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
- Name: Paracorp Incorporated
- Office Address: 155 Office Plaza Drive, 1st Floor  
Tallahassee, Florida 32301  
(City) (Zip code)

Registered agent's acceptance:

*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

See attached acceptance from Paracorp

(Registered agent's signature)

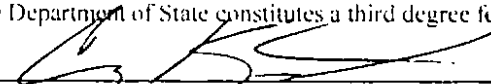
8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<u>Manager</u>	<u>Brian M. Hagan</u> <u>431 N. Phillips Avenue, Suite 200</u> <u>Sioux Falls, SD 57104</u>	<u>Manager</u>	<u>Michael Barron</u> <u>431 N. Phillips Avenue, Suite 200</u> <u>Sioux Falls, SD 57104</u>
_____	_____	_____	_____
_____	_____	_____	_____

(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 the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath 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 third degree felony as provided for in s.817.155, F.S.

  
Signature of an authorized person

Craig J. Krogstad

Typed or printed name of signer

FILED  
18 SEP 25 PM 2:06  
TALLAHASSEE, FLORIDA

FILED  
18 SEP 25 PM 2:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

STATE OF FLORIDA

REGISTERED AGENT CONSENT FORM

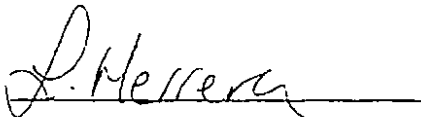
DATE: 09/18/2018

ENTITY NAME: HBI Administrators, LLC

REGISTERED AGENT NAME AND ADDRESS:

Paracorp Incorporated  
155 Office Plaza Drive, 1st Floor  
Tallahassee, FL 32301

Paracorp Incorporated, having been designated to act as Statutory Agent, hereby consents to act in the capacity for the above-referenced entity until removed or resignation is submitted in accordance with the Florida Revised Statutes.



Leticia Herrera, Assistant Secretary  
Paracorp Incorporated

# State of South Dakota

Office of the Secretary of State

## Certificate of Good Standing

Domestic Limited Liability Company

I, **Shantel Krebs**, Secretary of State of the State of South Dakota, hereby certify that

**HBI Administrators, LLC**

Business ID: DL153371

was authorized to transact business in this state on: September 4, 2018.

I, further certify that **HBI Administrators, LLC** has complied with the laws of this State relative to the formation of Certificate of Good Standing/Authorizations of its kind and is now regularly and properly organized and existing under the laws of this State and is in Good Standing, as shown by the records of this office. This certificate is not to be construed as an endorsement, recommendation or notice of approval of its financial condition or business activities and practices. Such information is not available from this office.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused to be affixed the Great Seal of the State of South Dakota, in Pierre, the Capital City, this day, September 18, 2018.

*Shantel Krebs*

Shantel Krebs  
Secretary of State

09/18/2018 1:36 PM

Verification #: 011023415

18 SEP 25 PM 2:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA