M 18 00000 8881

(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:						

Office Use Only



900319013919

到165日27 7310:05

Ansocz, el Gran

16 SEP 27 AM 10: 47

EXAMINER

T. CLINE
SEP 28 20 18

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195 REFERENCE : 413138 8013045 AUTHORIZATION : COST LIMIT ORDER DATE: September 26, 2018 ORDER TIME : 10:13 AM ORDER NO. : 413138-010 CUSTOMER NO: 8013045 FOREIGN FILINGS NAME: HC OPERATIONS, LLC XXXX QUALIFICATION (TYPE: LL) PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: ___ CERTIFIED COPY ___ PLAIN STAMPED COPY ____ CERTIFICATE OF GOOD STANDING

EXAMINER: ____

CONTACT PERSON: Emily Croft -- EXT# 62925

COVER LETTER

TO:

Registration Section

Div	ision of Corporation	s							
SUBJECT:	IC Operations, LLC								
oonon .		Name of Limited Liability Company							
		eign Limited Liability Comp d to register the above refere							
Please return	all correspondence c	oncerning this matter to the	following:						
	Jessica Sohl								
	Name of Person								
	HC Operations, LLC								
	Firm/Company								
141 West Jackson Suite 1801						**	<u> </u>		
	Address						13		
	Chicago, IL 606	504				Ų			
	City/State and Zip Code						a) 10: 05		
	legal@hetech.com	n			:	= .	(£)		
		E-mail address: (to be used	for future annual	report noti	fication)	_			
For further in	nformation concerning	g this matter, please call:							
Jes	sica Sohl		917 at (818-150					
	Name o	f Contact Person	Area Code	Dayt	ime Telephone Number	_			
Div Reg P.O	MLING ADDRESS: rision of Corporations gistration Section J. Box 6327 Iahassee, FL 32314			Division of Registration Clifton Bu 2661 Exec	ADDRESS: of Corporations on Section ailding cutive Center Circle see, FL 32301				
	a check for the follow \$125.00 Filing Fee	ing amount: \$\Bigsize \\$130.00 \text{ Filing Fee & Certificate of Status}\$	☐ \$155,00 Filir Certified Copy	ng Fee &	☐ \$160.00 Filing Fee, of Status & Certified C		īcate		

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. HC Operations (Name of Foreign	, LLC Limited Liability Company; must include "Limite	ed Liability Company," "L.L.C.," or "LLC.")	·
	ame adopted for the purpose of transacting business in Flo		Company," "L.L.C." or "LI,C.")
2. Delaware	hich foreign limited liability company is organized)	3. 35-2311000 (FEI number.	of
		(FEI nimber,	т аррисаніс)
4. October 1, 2018			
	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605 0905, F.S. to determ	registration)	
5. HC Operations, LLC (Street Address of)		6. HC Operations, LLC	
(Street Address of) 141 West Jackso	n, Suite 1801	(Mailing Address 141 West Jackson Sui	
Chicago, IL 606	04	Chicago, IL 60604	- (A)
		-	Si 22
7. Name and street address	ss of Florida registered agent: (P.O. Box	NOT acceptable)	*
Name:	Corporation Service Compa	ny	• •
Name.	1301 Unic Street		# 355 256
Office Address:	1201 Hays Street		.
	Tallahassee	, Florida 32301 (Zip code)	
designated in this applicate to comply with the provise and accept the obligation. 8. The name, title or capa Title or Capacity: Managing Partn	gistered agent and to accept service of tion. I hereby accept the appointment at ions of all statutes relative to the proper s of my position as registered agent. Corporation Service Company By: Registered agent. Lackson Surface Surfa	process for the above stated limited lies registered agent and agree to act in and complete performance of my due. Emily Croft Asst. Vice Presidents/have authority to manage is/are: Title or Capacity:	this capacity. I further agree ties, and I am familiar with
(Use attachments if neces	sary)		
jurisdiction under the law of the translator must be so 10. This document is exec	uted in accordance with section 605.020 the Department of State constitutes a the Joe Mulpro	te is in a foreign language, a translation 3 (1) (b). Florida Statutes, I am aware to ird degree felony as provided for in s.8	of the certificate under oath
	Signature Signature	of an authorized person	
	Joe Niciforo		

Typed or printed name of signee

Page 1



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

DELAWARE, DO HEREBY CERTIFY "HC OPERATIONS, 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 TWENTY-SIXTH DAY OF SEPTEMBER, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HC OPERATIONS, LLC" WAS FORMED ON THE FOURTEENTH DAY OF OCTOBER, A.D. 2014.

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

Authentication: 203498079

Date: 09-26-18