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. (Re	questor's Name)			
(Ad	dress)			
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	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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* TO: ** Registration Section Division of Corporations				
SUBJECT: HB SERVICES PARTNERS, 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:				
PETER H. BAUMANN Name of Person				
HB Services Partners, LLC Firm/Company				
Firm/Company				
931 Village Blvd. # 905-380				
West Palm Beach, FL 33409 City/State and Zip Code				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Peter Baumann at (603) 380-4530 Name of Contact Person Area Code Daytime Telephone Number				
MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FI, 32301				
Enclosed is a check for the following amount: □ \$125.00 Filing Fee				

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

COMPANYTO TRANSACT BUS	TON 605.0902, FLORIDA STATUTES, THE SINESS IN THE STATE OF FLORIDA: ERVICES PAP annted Fiability Company; must include "Lun		REGISTER A FOREIGN LIMITED LIABILITY
(Name of Foreign I	aunted Liability Company; must include "Lun	nted Liability Company, ""L.L.C.," or	TLLC.")
_	me adopted for the purpose of transacting business in		nimted Liability Company," "L. L. C," or "LL C,")
2. DECAWA Guashchon under the law of whi	QQE ch to cogn builted liability company is organized)	3	(TII number, if applicable)
4. NOT (0	MDU CTING RUSIN (Date first transacted Wisness in Florida, if proor (See sections 605,0904 & 605,0905, F.S. to dete	ESS UNDER O	20 <i>LES</i>
5. 80L S. O	The sections 1005,0003 & 1015 10005, 1 S to dete	6. <u>93 (Vil</u>	lage Blvd.
(Street Address of Pr	incipal Office)	Ste 90	aling Address) 5 - 390
W. PALM BEA	LIVE AVE	W. PALM	lage Blvd. 5-380 BEACH, EL 3340
7. Name and street address	of Florida registered agent: (P.O. Bo	ox <u>NOT</u> acceptable)	 ::
Name:	PETER BAUMAN	i M	9
Office Address:	801 S. Olive	Ave. # 1405	1 29
	W. PALM BEA	CH, Florida	23401
Registered agent's accept	11 11/2 1		(Zip code) ————————————————————————————————————
designated in this applicate	ion, I hereby accept the appointment	t as registered agent and agree	limited liability company at the place to act in this capacity. If further agree of my duties, and I am familiar with
and accept the obligations	of my position as registered agent.	- and complete performance	oy my unites, and ram yaminar sun
	(Registered agent		
8. The name, title or capacity:	city and address of the person(s) who Name and Address:	has/have authority to manage <u>Title or Capacity</u> :	is/are; Name and Address;
MEMBER	HANS D. BA	UMANY	
	-8-0-t-50-l·ve	-Ave #1405	
MEMBER	PETER BAUN	FACH, FL 3340) (
VICTAISE IC	1 E 16 12 10 14 10 12 10 11 11 11 11 11 11 11 11 11 11 11 11	TE AVE \$ 1405	
(Use attachments if necess		EACH FL 334	
	of which it is organized. (If the certific		ficial having custody of records in the translation of the certificate under oath
	the Department of State constitutes a		
	Signati	ure of an authorized person	
	PETER	H. BHUMA	

Typed or printed name of signee



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

DELAWARE, DO HEREBY CERTIFY "H.B. SERVICES PARTNERS, L.L.C." 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 EIGHTH DAY OF OCTOBER, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "H.B. SERVICES

PARTNERS, L.L.C." WAS FORMED ON THE THIRTIETH DAY OF NOVEMBER, A.D.

1992.

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

Sauce Control of the Control of the

Authentication: 203565018

Date: 10-08-18