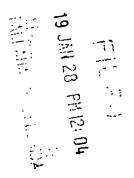
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(Re	equestor's Name)					
(Address)						
(Ac	ddress)					
(Ci	ty/State/Zip/Phone	#)				
PICK-UP	WAIT	MAIL				
(Business Entity Name)						
(Document Number)						
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Special Instructions to Filing Officer:						
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19 JAN 28 PH 1: 47

K SALY JAN 2 8 2019 CORPORATION SERVICE COMPANY

1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE: 599978 7933620

AUTHORIZATION :

COST LIMIT

ORDER DATE: January 23, 2019

ORDER TIME : 10:40 AM

ORDER NO. : 599978-005

CUSTOMER NO: 7933620

FOREIGN FILINGS

NAME: H&P SOLUTIONS, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY

PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Emily Croft -- EXT# 62925

EXAMINER:

COVER LETTER

TO:

Registration Section

Division of Corporations					
H&P Solutions, LLC					
SUBJECT:	Name of L	imited Liability C	Company		
The enclosed "Application by Foreig Existence, and check are submitted t	gn Limited Liability Compa to register the above referer	any for Authorizationed foreign limit	tion to Trai ed liability	nsact Business in Florida," Cert company to transact business i	lificate of n Florida.
Please return all correspondence cor	ncerning this matter to the f	ollowing:			
<u>-</u>	Nai	me of Person			
	Fin	m/Company			
- -		Address			
-	City/Sta	ate and Zip Code			
lhemandez.hpsolut	ions@gmail.com				
	E-mail address: (to be used	for future annual	report not	fication)	
For further information concerning t	this matter, please call:				
Luis Hernandez		786 _at (584-801		
Name of 0	Contact Person	Area Code	Dayı	ime Telephone Number	
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314			Division of Registrati Clifton Bi 2661 Exe	ADDRESS: of Corporations on Section ailding cutive Center Circle se, F1, 32301	
	g amount: □ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filin Certified Copy	g Fee &	■ \$160.00 Filing Fee, Certific of Status & Certified Copy	cate

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

IN COMPHANCE WITH SECTION 605.0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED HABILITY COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. H&P Solutions, LLC	Limited Liability Company; must include "L	imited Liability Com	pany ""I. I. C. " or "I.I.C.")	
H&P Care Solutions, L		innes in any can	y=12, 0711011 ··· 31101 ,	
-	ame adopted for the purpose of transacting business	in Florida. The alternate	name must include "Lamited Liabili	ty Company," "L.L.C," or "LLC,")
2 Delaware		3		
	hich foreign limited liability company is organized)		(FEI munber	, if applicable)
1/25/2019				
4. 1/23/2019	(Date first transacted business in Florida, if pr (See sections 605 0904 & 605,0905, F.S. to d			
1540 Bridgenainta Wa) H Biscayne Blvd.	
5. 4569 Bridgepointe Wa		6. 2080	(Mailing Addres	s)
Unit 151	· · · · · · · · · · · · · · · · · · ·	Ave	ntura, FL 33180	- 1
Vero Beach, FL 32967				
7. Name and street address	ss of Florida registered agent: (P.O.	Box NOT accep	table)	8 PH 12: 04
	Corporation Service Company			(2) (S)
Name:	Corporation Service Company		_	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Office Address:	1201 Hays Street			<u> </u>
	Tallahassee		Glorida 32301	,
	(City)		Florida 32301 (Zip code)	
to comply with the provis	tion. I hereby accept the appointme ions of all statutes relative to the pr s of my position as registered agent Corporation Service Company By: Registered a	oper and comple : /	Emily Croft Asst. Vice Preside	ities, and I am familiar with
8. The name, title or cap. <u>Title or Capacity:</u>	acity and address of the person(s) when we will be a second secon		ority to manage is/are: r Capacity:	Name and Address:
Luis Hernandez	4569 Bridgepointe Way	CEO		
	Unit 151 Vero Beach, FL 32967			
				
	· · · · · · · · · · · · · · · · · · ·			
(Use attachments if neces	ssary)			
jurisdiction under the law of the translator must be s 10. This document is exec	cuted in accordance with section 605 of the Department of State constitutes	ficate is in a fore .0203 (1) (b), Flo s a third degree fe	ign language, a translation rida Statutes, I am aware lony as provided for in s.	on of the certificate under oath that any false information
	Luis Hernand	guatur of an authorized (Derson	<u> </u>
	Luis Hernandez			

Typed or printed name of signee

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "H&P SOLUTIONS, 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-THIRD DAY OF JANUARY, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "H&P SOLUTIONS, LLC" WAS FORMED ON THE NINTH DAY OF APRIL, A.D. 2018.

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

19 JAN 28 PH 12: 04



Authentication: 202131206

Date: 01-23-19

6836676 8300 SR# 20190451856