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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : LEVIN LAW & MEDIATION GROUP
Account Number : I20140000093
Phone : (941) 953-5300
Fax Number : (941) 953-5355

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

Foreign Limited Liability Company
HPL-Aidan Lane LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

2019 FEB 12 PM 1:03

2019 FEB 12 AM 8:40
FILED
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

COVER LETTER

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**TO: Registration Section
Division of Corporations**

SUBJECT: HPL-AIDAN LANE 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:

JEROME S. LEVIN

Name of Person

LEVIN LAW, LC

Firm/Company

1444 1ST STREET, SUITE A

Address

SARASOTA, FL 34236

City/State and Zip Code

LINDA@LEVINMEDIATION.COM

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

For further information concerning this matter, please call:

JEROME S. LEVIN

941 953 5300

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:

- ☒ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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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:

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1. HPL-AIDAN LANE 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.")

WYOMING

2. (Jurisdiction under the law of which foreign limited liability company is organized)

3. (FBI 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. 1717 2ND STREET, SUITE A
(Street Address of Principal Office)6. 1717 2ND STREET, SUITE A
(Mailing Address)

SARASOTA, FL 34236

SARASOTA, FL 34236

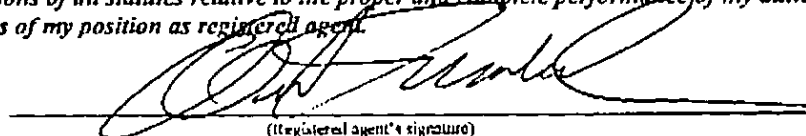
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: NEIL MALAMUD

Office Address: 1717 2ND STREET, SUITE A

SARASOTA, Florida 34236
(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.


(Registered agent's signature)FILED
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CLERK OF CIRCUIT COURT
SARASOTA, FLORIDA

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

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Title or Capacity:Name and Address:

MANAGER

NEIL MALAMUD

1717 2ND STREET, SUITE A

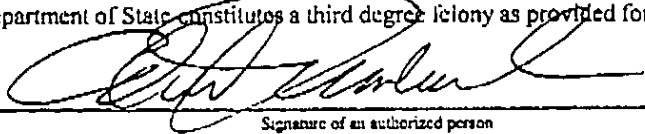
SARASOTA, FL 34236

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(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

NEIL MALAMUD

Typed or printed name of signer

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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,

HPL-Aidan Lane LLC
is a
Limited Liability Company

formed or qualified under the laws of Wyoming did on **December 11, 2018**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2018-000832304**.

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 12th day of December, 2018 at 4:19 PM. This certificate is assigned 029043629.



Edward A. Buchanan
Secretary of State

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CLERK OF COURT
JANUARY 10, 2019
ALABAMA, FLORIDA

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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.