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## COVER LETTER

TO:

JECT:			
	Name	of Limited Liability	Company
ence, and check are submitted to	register the above re	eferenced foreign limi	ntion to Transact Business in Florida," Certi ted liability company to transact business in
e return all correspondence conc	erning this matter to	the following:	
Kylee Urenda			
<del></del>		Name of Person	
Investment Property	y Exchange Services	s, Inc.	
<del></del>		Firm/Company	
2425 E Camelback	Rd Ste 200		
		Address	
Phoenix, AZ 85016	5		
<del></del>	Cit	ty/State and Zip Code	
kylee.urenda@ipx10			
E-	-mail address: (to be	used for future annua	report notification)
arther information concerning thi	is matter, please call:	:	
Kylee Urenda	•	602	850-8627
Name of Co	ontact Person	at ( Area Code	Daytime Telephone Number
	omaet i erson	mea code	·
MAILING ADDRESS: Division of Corporations			STREET ADDRESS: Division of Corporations
Registration Section			Registration Section
P.O. Box 6327			Clifton Building
Tallahassee, FL 32314			2661 Executive Center Circle Tallahassee, FL 32301
Enclosed is a check for the fo		DIMENT OF CT A	TE
Diamaga maday alayah, masalah a			
Please make check payable to \$125.00 Filing Fee	o: FLORIDA DEPA		Filing Fee & S160.00 Filing Fee, C

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

IN COMPLIANCE WITH SECTION 605,0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: HHR SB Condo 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 "L.L.C.") Delaware (Jurisdiction under the law of which foreign limited liability company is organized) (Date first transacted business in Florida, if prior to registration.) (See sections 605,0904 & 605,0905, F.S. to determine penalty liability) 2425 E Camelback Rd #200, Phoenix, AZ 85016 2425 E Camelback Rd #200, Phoenix, AZ 85016 6. (Mailing Address) (Street Address of Principal Office) 7. Name and <u>street address</u> of Florida registered agent: (P.O. Box <u>NOT</u> acceptable) Corporation Service Company Name: 1201 Hays Street Office Address: Tallahassee 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.

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]: Title or Capacity: Title or Capacity: Name and Address: Name and Address: Name: \_\_\_\_Annette Reed National Safe Harbor Exchanges, Inc. Manager Name: ■ Manager 2425 E Camelback Rd Ste 200 2425 E Camelback Rd Ste 200 Member Address: Member | Address: Phoenix, AZ 85016 Phoenix, AZ 85016 Authorized Authorized Person Person Other\_\_\_\_ Other\_\_\_\_ Other\_ Other Name: Machelle Click Manager Manager Name: Address: 2425 E Camelback Rd Ste 200 Member Member Address: \_\_\_\_\_\_ \_\_\_ Phoenix, AZ 85016 Authorized Authorized Person Person Other Other Other Other Manager Name: \_\_\_\_\_\_ Manager ☐Member Member Address: Authorized Authorized Person Person Other Other Other\_\_\_ Other Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed individuals may be added to the index when filing your Florida Department of State Annual Report form. 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 Machelle Click, AVP of Sole Member

Typed or printed name of signee



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

DELAWARE, DO HEREBY CERTIFY "HHR SB CONDO 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 TWENTIETH DAY OF MARCH, A.D. 2019.

at coro delaware gov/au

Authentication: 202485671

Date: 03-20-19