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Florida Department of State
Division of Corporations
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To:
    Division of Corporations
    Fax Number   : (850)617-6383

From:
    Account Name   : REGISTERED AGENTS INC.
    Account Number : I20090000081
    Phone   : (307)200-2803
    Fax Number   : (855)330-1010

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
Hip Hop Design Studio, LLC

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

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4-12-19

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. **Hip Hop Design Studio, 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.")

2. **Texas**

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

3. **82-2257656**

(FEI 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. **7901 4th St N**

(Street Address of Principal Office)

STE 300

St. Petersburg Florida 33702

6. **PO Box 2422**

(Mailing Address)

Round Rock Texas 78681

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

Name: **Northwest Registered Agent LLC**

Office Address: **7901 4th St N STE 300**

St. Petersburg , Florida **33702**

(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)

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:	Name and Address:	Title or Capacity:	Name and Address:
☐ Manager	Name: **Nicole Cornetet**	☐ Manager	Name: _____
☑ Member	Address: **PO Box 2422**	☐ Member	Address: _____
☐ Authorized	**round rock tx 78680**	☐ Authorized	_____
Person	_____	Person	_____
☐ Other_____	☐ Other_____	☐ Other_____	☐ Other_____

☐ Manager	Name: **James Cornetet**	☐ Manager	Name: _____
☑ Member	Address: **PO Box 2422**	☐ Member	Address: _____
☐ Authorized	**round rock tx 78680**	☐ Authorized	_____
Person	_____	Person	_____
☐ Other_____	☐ Other_____	☐ Other_____	☐ Other_____

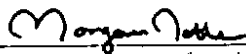|			
☐ Manager	Name: _____	☐ Manager	Name: _____
☐ Member	Address: _____	☐ Member	Address: _____
☐ Authorized	_____	☐ Authorized	_____
Person	_____	Person	_____
☐ Other_____	☐ Other_____	☐ Other_____	☐ Other_____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed 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

Morgan Noble
_____
Typed or printed name of signee

Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Hip Hop Design Studio, LLC (file number 802774493), a Domestic Limited Liability Company (LLC), was filed in this office on July 24, 2017.

It is further certified that the entity status in Texas is in existence.

Delayed Effective date: July 25, 2017

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on April 10, 2019.

David Whitley
Secretary of State

Come visit us on the internet at http://www.sos.state.tx.us/

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Prepared by: SOS-WEB

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