M19000004759

| (| Requestor's Name) | |
|----------------------|-------------------------|--------|
| () | Address) | |
| (, | Address) | |
| (1 | City/State/Zip/Phone #) | |
| PICK-UP | MAIT | MAIL |
| (| Business Entity Name) | |
| (| Document Number) | |
| Certified Copies | Certificates of | Status |
| Special Instructions | to Filing Officer; | |
| · | | |
| | | |
| | | |
| | Office Use Only | |



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05/03/i3--0102i--007 **125.00

Mich St. 14 Pil 4: 33

B KINSEY MAY 1 4 2019



May 10, 2019

HELANA BALKIN 2020 N. BAYSHORE DRIVE, 2404 MIAMI, FL 33137

SUBJECT: HOO-R-U, LLC Ref. Number: W19000045989

We have received your document for HOO-R-U, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

A business entity may not serve as its own manager or managing member. Please designate an individual or another business entity as your manager(s) or managing member(s). We will also accept "Authorized Representative", "Authorized Person", and "Authorized Member".

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Brooke N Kinsey Regulatory Specialist II

www.sunbiz.org

Letter Number: 419A00009501

District of Community D.O. DOV (2007 Tollahorana Planida 2021)

To:

COVER LETTER

| TO: Registration Section Division of Corporations | | | | |
|---|--|----------------------------|--|------------------|
| SUBJECT: HOO-R-L | 1 LLC | | | |
| | Name of Limite | d Liability Con | npany | _ |
| The enclosed "Application by Foreign Existence, and check are submitted to r | | | | |
| Please return all correspondence conce | ming this matter to the follow | ring: | | |
| Helana | Balk: | · Person | | |
| | , tune o | | | |
| | Firm/Co | ompany | | _ |
| 2070 N. B | ysture brive # | - 2404 | | res. |
| | | | | |
| Miami FL | 33437 City/State ar | d Zip Code | | _ |
| helana. bal | IKIN @ balkin nail address: (to be used for t | 1890 - Co | DM port notification) | _ |
| For further information concerning this | matter, please call: | | | |
| Helana Balt | di (| 305 | 985 - 0330 Daytime Telephone Number | - |
| | tact verson | | | |
| MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 | | Di Re | FREET ADDRESS: ivision of Corporations egistration Section lifton Building | |
| Fallahassee, Ft, 32314 | | 26 | 661 Executive Center Circle allahassee, FL 32301 | |
| Enclosed is a check for the fol Please make check payable to: | | T OF STATE | | |
| \$125.00 Filing Fee | S130.00 Filing Fee & Certificate of Status | 3155.00 Fit Certified (| ing Fee & 🔲 \$160.00 Filing | Fee. Certificate |
| | | | | |
| | | | | - T |

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

AND COMPLANCE WITH SECTION (BELOW) EDUCATION STATUTES THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN TEMPER LIMITED HABILITY
COMPLANT TO TRANSACT BY SINES IN THE STATE OF FLORIDA.

1. HOO - R - U , L L C

Source of Processin Limited I habiting Company; must include "I mined Limbing Company," "L.E. C.," or "LLC")

The Same of Processin Limited I habiting Company; must include "I mined Limbing Company," "L.E. C.," or "LLC")

1. PLIANCE C.

Source of Processin Limited I habiting Company; must include "I mined Limbing Company," "L.E. C.," or "LLC")

2. PLIANCE C.

Source of Processin Limited I habiting Company; must include "I mined Limbing Company," "L.E. C.," or "LLC")

3. 83 - 3639 lb lb S

1. PLIANCE C.

Source of Processin Limited I habiting Company; must include "I mined Limbing Company," "L.E. C.," or "LLC")

2. PLIANCE C.

Source of Processin Limited I habiting Company; must include "I mined Limbing Company," "L.E. C.," or "LLC")

3. 83 - 3639 lb lb S

1. PLIANCE C.

Source of Processin Limited I habiting Company; must include "I mined Limbing Company," "L.E. C.," or "LLC")

2. PLIANCE C.

Source of Processin Limited I habiting Company; must include "I mined Limbing Company," "L.E. C.," or "LLC")

3. 83 - 3639 lb lb S

1. PLIANCE C.

Source of Processin Limited I habiting Company; must include "I mined Limbing Company," "L.E. C.," or "LLC")

2. PLIANCE C.

Source of Processin Limited I habiting Company or "Lecture Tallow Limited Lim

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.

Helara Lacoris squares

From: Helana Balkin

To:

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: Eli Seggev | Manager | Name: | ·-· | | |
| Member | Address: 8 the Green | Member | | - | | |
| Authorized | STE A | Authorized | | | | |
| Person | DOVE, DE 19901 | Person | | | | |
| Other | Other | Other | | Other | | |
| Manager | Name: Aton Cotten | Manager | Name: | | | |
| Member | Address: & The Green | Member | | | | |
| Authorized | STEA | Authorized | | | | |
| Person | DOVE, NE 19901 | Person | | | | |
| Other | Other | Other | | Other_ | | |
| | | | | | ក្នុងពេ | |
| Manager | Name: | Manager | Name: | | <u> </u> | . . |
| Member | Address: | Member | Address: | | | |
| Authorized | | Authorized | | | 70 | · |
| Person | | !'erson | | | -F | |
| Other | Other | Other | | Other | <u> အ</u> ——— | |

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.

> HELLING BUKEN Typed or printed image of signer

Fax: 18663294340



Page 1

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

DELAWARE, DO HEREBY CERTIFY "HOO-R-U, 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 THIRTEENTH DAY OF MAY, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HOO-R-U, LLC" WAS FORMED ON THE ELEVENTH DAY OF MAY, A.D. 2018.

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

Authentication: 202808798

Date: 05-13-19