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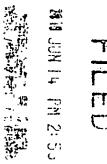
(Requestor's Name)					
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#### COVER DETTER

Di.	vision of Corporations  HCT Properties, LLC						
SUBJECT:	Sume of Limited Liability Company						
The enclose Existence, s	d "Application by Poreig and check are submitted to	n Limited Liubility Company for register the above referenced	or Authoriza forelga limit	ation to Transact Business in Plorida," Certificate of led liability company to transact business in Florida.			
Please return	n all correspondence con-	cerning this matter to the follow	ving:				
	Barbara M. Brow	Barbara M. Brown					
	Name of Person						
	Brown & Associates Law & Title, PA						
	Firm/Company						
	11373 Countrywa	11373 Countryway Blvd.					
	Address						
	Tampa, FL 3362	Tampa, FL 33626					
	City/State and Zip Code						
	Barbara@BrownA	LT.com					
	U	-mall address: (to be used for I	uture annual	report notification)			
For further i	information concerning th	ils matter, please call:					
Barbara M. Brown		at (	813	528-4044			
	Name of C	ontact 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 Talluhussee, FL 32301			
	closed is a check for the flase make check payable	following amount: to: FLORIDA DEPARTMEN	TOF STAT	l'E			
_		\$130.00 Filing Fee & Certificate of Status	<b>5</b> 155.00	Filing Fee & S160 00 Filing Fee, Certificate of Copy of Status & Certified Copy			

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

IN COMPLIANCE WITH SECTION 605,0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMILTED TO REGISTER A FOREIGN LIMITED LABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: **HCT Properties, LLC** (Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.), C.," or "LLC.") (If name unavailable, sailet alternate name edupted for the purpose of passessing duriness in Florida. The alternate name ment include "Limited Liabitity Company." L.L.C." or "LLC.") North Carolina 3838 Glencorra Drive 3838 Glencorra Drive (Multag Addraus) (Sireet Address of Prencipal (Pfice) Fayetteville, NC 28314 Fayetteville, NC 28314 7. Name and street address of Plorida registered agent: (P.O. Box NOT acceptable) Barbara Brown, Brown & Associates Law & Title Name: 11373 Countryway Blvd Office Address: 33626 Tampa 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 cogletered agent.

8. For initial induxing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]: Nume and Address: Name and Address: Title or Capacity: Title or Canacity: Daniel Travieso Manager ■ Manager Name: \_\_\_ 3838 Glencorra Drive Member Address: Member | Address: Fayettaville, NC 28314 □ ∧uthorized Authorized Person Person Other\_ Other\_\_\_\_ Other\_\_ Other Manager Name: Manager | Namo: \_\_\_\_\_\_ Member ■ Member Address; Address: Authorized ☐ Authorized Person Person Other\_\_\_\_ Other Other\_ Other\_\_ Manager Name: Mnnager Member Member Address: \_\_\_\_ Authorized ■ Authorized Person Person 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 v.817.155, F.S. Signature of an authorized prison Daniel Travieso

Typed or printed name of signer



# NORTH CAROLINA Department of the Secretary of State

### CERTIFICATE OF EXISTENCE

(Limited Liability Company)

I, Elaine F. Marshall, Secretary of State of the State of North Carolina, do hereby certify that

### **HCT PROPERTIES, LLC**

is a limited liability company duly formed, and existing under the laws of the State of North Carolina, having been formed on 16th day of July, 2004

I FURTHER certify that, as of the date of this certificate, (i) the said limited liability company is not dissolved under the terms of its articles of organization, (ii) the said limited liability company's articles of organization are not suspended for failure to comply with the Revenue Act of the State of North Carolina, (iii) that said limited liability company is not administratively dissolved for failure to comply with the provisions of the North Carolina Limited Liability Company Act, (iv) that this office has not filed any decree of judicial dissolution, articles of dissolution, articles of merger, or articles of conversion for said limited liability company.





Scan to verify online.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 7th day of June, 2019.

Elaine J. Marshall

Secretary of State

Certification# 105143309-1 Reference# 15445520- Page: 1 of 1 Verify this certificate online at http://www.sosnc.gov/verification