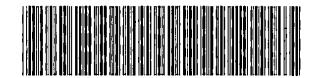
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## COVER LETTER

TO:

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		imited Liability (	Company		
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turn all correspondence concern	ing this matter to the f	following:			
Laurie Satel, Esq.					
	Na	me of Person			
Satel Law, PLLC					
• •	Fir	m/Company		· <u></u>	
3903 Northdale Blvd	Suite #100E				
		Address			
Tampa, Florida 33624					
	City/St	ate and Zip Code			
Laurie@satellawfirm.co	om				
E-ma	il address: (to be used	for future annual	report notification)	20	
er information concerning this n	natter, please call;				
Laurie Satel, Esq.		813 at (	563-0636	2-	4422223 442223
Name of Conta	ict Person	- '	Daytime Telepho	one Number -	13.4
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314			Division of Corporation Registration Section Clifton Building 2661 Executive Center	r Circle	- 1
Please make check payable to: I	FLORIDA DEPART \$130,00 Filing Fee &	□ \$155.00	Filing Fee & 🗏 \$1	-	
	Satel Law, PLLC  3903 Northdale Blvd  Tampa, Florida 33624  Laurie@satellawfirm.cc  E-ma  er information concerning this mandle Satel, Esq.  Name of Contamation of Corporations Registration Section P.O. Box 6327  Tallahassee, FL 32314  Enclosed is a check for the folloplease make check payable to: I	Satel Law, PLLC  Fir 3903 Northdale Blvd., Suite #100E  Tampa, Florida 33624  City/Statellawfirm.com  E-mail address: (to be used er information concerning this matter, please call: Laurie Satel, Esq.  Name of Contact Person  MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314  Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPART  Please make check payable to: FLORIDA DEPART  \$125.00 Filing Fee	Satel Law, PLLC  Firm/Company  3903 Northdale Blvd., Suite #100E  Address  Tampa, Florida 33624  City/State and Zip Code  Laurie@satellawfirm.com  E-mail address: (to be used for future annual er information concerning this matter, please call:  Laurie Satel, Esq.  Name of Contact Person  MAILING ADDRESS:  Division of Corporations Registration Section P.O. Box 6327  Tallahassee, FL 32314  Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPARTMENT OF STA  \$125.00 Filing Fee  \$130.00 Filing Fee	Satel Law, PLLC  Firm/Company  3903 Northdale Blvd., Suite #100):  Address  Tampa, Florida 33624  City/State and Zip Code  Laurie@satellawfirm.com  E-mail address: (to be used for future annual report notification)  er information concerning this matter, please call:  Laurie Satel, Esq.  Name of Contact Person  MAILING ADDRESS:  Division of Corporations Registration Section P.O. Box 6327  Tallahassee, F1, 32314  Enclosed is a check for the following amount:  Please make check payable to: FLORIDA DEPARTMENT OF STATE  \$\Begin{array} \text{S125,00 Filing Fee} \text{S125,00 Filing Fee} \text{S130,00 Filing Fee} \text{S135,00 Filing Fee} \text{S155,00 Filing Fee} \text{S155,00 Filing Fee}	Name of Person  Satel Law, PLLC  Firm/Company  3903 Northdale Blvd., Suite #100E  Address  Tampa, Florida 33624  City/State and Zip Code  Laurie@satellawfirm.com  E-mail address: (to be used for future annual report notification)  er information concerning this matter, please call:  Laurie Satel, Esq.  Name of Contact Person  MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32314  Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPARTMENT OF STATE  \$\Begin{array}{c} S125.00 Filing Fee & \Box \$155.00 Filing Fee & \Box \$160.00 Filing Fee \Box \$\Box \$160.00 Filing Fee \Box \$\Box \$155.00 Filing Fee & \Box \$\Box \$155.00 Filing Fee & \Box \$\Box \$160.00 Filing Fee \Box \$\Box \$

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IN SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILA. COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

HEMEC16 LLC (Name of Foreign	Limited Liability Company; must include "Limite	d Liability Comp	anv," "L.L C.," or "LLC."	)	
			•		
name unavailable, enter alternate na	aine adopted for the purpose of transacting business in Flo	rida. The alternate n	ame must include "Limited Lia	ability Company," "L. I	. C," or "LLC ")
California		٠ ૫	C-167694	}	
(Jurisdiction under the law of wh	uch foreign limited liability company is organized)	3	5-167694 (FEI num	ber, if applicable)	
T 1 2	16				
Jan 1, 20	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605 0905, F.S. to determ	registration.)			
6384 San Rafael Court			San Rafael Court		
	Tincipal Office)		(Mailing Add	fress)	
Rohnert Park, CA 9493	28	Rohn	ert Park, CA 94928		
	<u>-</u>				
				_	ى د
				13.5	
Name and street addres	s of Florida registered agent: (P.O. Box	NOT accepta	ible)	<u> </u>	10 11 24
	C . II . WI O			<u>.</u>	
Name:	Satel Law, PLLC		_	en en	R
Office Address:	3903 Northdale Blvd., Suite #100E				PH 1: 4.1
	Tampa		33624		
	(City)		_ , Florida (Zip coc	de)	
egistered agent's accep	tance:				
	gistered agent and to accept service of p tion, I hereby accept the appointment a				
comply with the provisi	ons of all statutes relative to the proper				
ia accept the obligations	s of my position as registered agent.	/			
	1 add				

(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

Name and Address:	Title or Capacity:	Name and Address:
Name: David S. Wilson Jr	☐ Manager	Name: Jiangchon Wy
Address: 6384 San Rafael Ct	☑ Member	Address: 6384 San Rafger C
Rohnert Park, CA 94928	Authorized	Rohnert Park CA 94928
	Person	
Other	□Other	Other
Name:	☐ Manager	Name:
Address:	Member	Address:
	Authorized	
	Person	
Other	[]Other	Other
Name:	☐ Manager	Name: 2019 JUL 2
	_	- F
	Person	
Other	Other	Other
	Name:	Name: David S. Wilson Jr   Manager   Address: 6384 San Rafael Ct   Member   Rohnert Park, CA 94928   Authorized   Person   Other   Other   Name:   Manager   Address:   Member   Authorized   Person   Other   Other   Name:   Authorized   Person   Name:   Authorized   Person   Name:   Manager   Address:   Member   Authorized   Person   Person   Name:   Authorized   Person

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

David S. Wilson Jr.

Typed or printed name of signee

## State of California Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME: HEMEC16 LLC

FILE NUMBER: FORMATION DATE:

201503110017 01/21/2015

TYPE:

DOMESTIC LIMITED LIABILITY COMPANY

JURISDICTION:

CALIFORNIA

STATUS:

ACTIVE (GOOD STANDING)

I, ALEX PADILLA, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of July 5, 2019.

ALEX PADILLA Secretary of State