M19000008297

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Bob gave permission to correct the title of the AP

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B KINSEY
AUG 27 2019

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: HCF Strategies, LLC
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

BOB ROBERTSON
Name of Person

HCF Strategies
Firm/Company

1852 Hill Haven Rd.
Address

Hollister MO 65672
City/State and Zip Code

BOB@OZREDD.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BOB ROBERTSON at (417) 350-4380
Name of Contact 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
Tallahassee, FL 32301

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Enclosed is a check for the following amount:

☐ $125.00 Filing Fee ☐ $130.00 Filing Fee & Certificate of Status ☐ $155.00 Filing Fee & Certified Copy ☑ $160.00 Filing Fee, Certificate of Status & Certified Copy

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE UNDERSIGNED IS SUBMITTING THIS APPLICATION FOR REGISTRATION AS A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. HCF Strategies L.L.C.
(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. State of Missouri
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 16-1721835
(FEI number, if applicable)

4. _____
(Date first transacted business in Florida, if prior to registration)
(See instructions for penalty & interest IRS to determine penalty liability)

5. 1852 Hill Haven Rd
Hollister, MO 65672
(Street Address of Principal Office)

6. 1852 Hill Haven Rd
Hollister, MO 65672
(Mailing Address)

7. Name and street address of Florida registered agent (P.O. Box NOT acceptable)

Name: Marco Escapes, Inc.

Office Address: 599 South Collier Blvd, Suite 115
Marco Island (City), Florida 34145 (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. The name, title or capacity and address of the person(s) who has/have authority to manage is/are

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
Jason Byington MGR c/o Marco Escapes	599 South Collier, Suite 115 Marco Island, Florida, 34145		

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(Use attachments if necessary)

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

Bob Robertson

Typed or printed name of signer

STATE OF MISSOURI

John R. Ashcroft
Secretary of State

CERTIFICATE OF GOOD STANDING

I, JOHN R. ASHCROFT, Secretary of State of the STATE OF MISSOURI, do hereby certify that the records in my office and in my care and custody reveal that

HCF STRATEGIES, L.L.C.
LC0652684

was created under the laws of this State on the 12th day of April, 2005, and is active, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the GREAT SEAL of the State of Missouri. Done at the City of Jefferson, this 12th day of August, 2019.

Secretary of State

Certification Number: CERT-08122019-0117

SOS #30 (01-2017)