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14.25mg

CORPORATION SERVICE COMPANY

1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 902118 \_ 142543A

AUTHORIZATION : Spuller

COST LIMIT : \$ 125.00

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ORDER DATE: August 29, 2019

ORDER TIME : 9:11 AM

ORDER NO. : 902118-010

CUSTOMER NO: 142543A

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#### FOREIGN FILINGS

NAME: HC SUMMERFIELD FL, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Robinson -- EXT# 62968

EXAMINER:

#### **COVER LETTER**

Registration Section

TO:

· <del></del>	Name	of Limited Liability	v Company	<del></del>	
			zation to Transact Business in Florid nited liability company to transact but		
ase return all correspondence co	ncerning this matter to t	the following:			
		Name of Person		_	
		Firm/Company			
		Address		_	
	City	y/State and Zip Coo	le .	<del></del>	
rfaulkner@harbert		y state and hip coe			
	E-mail address: (to be u	ised for future annu	al report notification)	_	
further information concerning	this matter, please call:		·	2019 SEP	
	<u> </u>	at (	_)	— 第	
Name of	Contact Person	Area Cod	e Daytime Telephone Number	ြီ	
<b>MAILING ADDRESS:</b>			STREET ADDRESS:		,
Division of Corporations			Division of Corporations	AH 10:	يال محاو
Registration Section P.O. Box 6327			Registration Section Clifton Building	Ö	** ***********************************
Tallahassee, FL 32314			2661 Executive Center Circle Tallahassee, FL 32301	57	
Enclosed is a check for the		RTMENT OF STA			

### 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:

HC Summerfield FL,	LLC Limited Liability Company; must include "Limite	d Liability	Commany " "   C " or "   C")			_	
,	, , , , , , , , , , , , , , , , , , , ,		ompany, one. or tige, y				
name unavailable, enter alternate i	name adopted for the purpose of transacting business in Flo	rida. The alte	mate name must include "Limited Liability	Company," "I	. L C," or "1.	I.C ''	
Delaware							
(Jurisdiction under the law of which foreign limited liability company is organ		3	(FEI number, i	(FEI number, if applicable)			
	tDate first transacted business in Florida, if prior to 1See sections 603 0904 & 603 0905, F.S. to determi	registration) ne penalty lia	bility)	_			
c/o Harbert Manage	ment Corporation	c	o Harbert Management C				
(Street Address of	Principal Office)	6(Mailing Address)				-	
2100 Third Avenue N	North, Ste. 600	2	100 Third Avenue North, S	Third Avenue North, Ste. 600			
Birmingham, AL 35203		Birmingham, AL 35203			20	-	
		_	·	<del></del>		-	
. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)				-0			
				•	ယ်		
Name:	Corporation Service Company				727 707		
Maille.			<del></del>		MH 10:		
Office Address:	1201 Hays Street				57		
	Tallahassee		32301 . Florida				
	(Cuy)		(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.

General Municipal States

Roxanne Turner Asst. Vice President

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: Name: \_\_\_\_Brian Landrum Name: Trent Johnson Manager ■ Manager Address: 200 Cresent Court, Ste. 440 Address: 200 Cresent Court, Ste. 440 Member Dallas, TX 75201 Dallas, TX 75201 ■ Authorized Authorized Person Person Other Other Other\_ Other\_\_\_\_ Manager Manager Name: \_\_\_\_\_ Name: \_\_\_\_\_ Member Address: \_\_\_\_\_ ☐ Member Address: \_\_\_\_ Authorized ☐ 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. 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. Signature of an authorized person

Typed or printed name of signee

Trent Johnson

Page 1

## Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "HC SUMMERFIELD FL, 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 THIRTIETH DAY OF AUGUST, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HC SUMMERFIELD FL, LLC" WAS FORMED ON THE TWENTY-NINTH DAY OF AUGUST, A.D. 2019.

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

Authentication: 203510191

Jeffrey W. Buflock, Secretary of State

Date: 08-30-19

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