## 4190001105

(Re	equestor's Name)	
(Ad	ddress)	<del> </del>
(Ac	ddress)	,
(Cî	ty/State/Zip/Phone	e #)
PICK-UP	TIAW	MAIL
(Bu	usiness Entity Nar	ne)
(Do	ocument Number)	· ·
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer	





200337848342

10 EC 15 ELED 51

2019 DEC 10 FM 9: 36

T GLASS DEC 1 1 2019 CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

		ACCOUNT	NO. :	12000000	0195	
		REFERE	NCE :	094388	9643A	
		AUTHORIZAT	ION :	gret bele	Rea	
		COST LI	MIT :	\$ 125.00		
ORDER D	ATE :	December 9,	2019			
ORDER T	IME :	9:40 AM				
ORDER N	0. :	094388-005				
CUSTOME	R NO:	9643A				
		FOREI	GN FILI	NG <u>S</u>		63 73
1	NAME :	HFRE SP01	-3 CANA	DA COURT,	LLC	2019 [0] [1 10] [1:1
XXXX Q	UALIFIC	CATION (TYP)	E: <u>LL</u> )			ે કુ કુ
PLEASE 1	RETURN	THE FOLLOWING	G AS PR	OOF OF FII	JING:	
	PLAIN	FIED COPY STAMPED COPY FICATE OF GOOI		ING		
CONTACT	PERSON	N: Kadesha Ro	oberson	EXT# 6	52980	

EXAMINER:

## COVER LETTER

TO:

ro:	Registration Section Division of Corporations				
: UBJF	HFRE SP01-3 Canada Court, L	LC			
, () [)() [		Name of Limite	d Liability	Company	_
	closed "Application by Foreign Limitedice, and check are submitted to register				
lease	return all correspondence concerning t	his matter to the follow	ing:		
	Robert Seiden				
		Name of	Person		_
	Sachs Sax Caplan, P.L.				
	Firm/Company				_
	6111 Broken Sound Parkway NW, Suite 200				
	Address				
	Boca Raton, Florida 33487				
		City/State an	d Zip Cod	e	-
	ulloacarlose@gmail.com				
	E-mail add	fress: (to be used for fu	ture annu	al report notification)	- 22
or furt	her information concerning this matter	, please call:			2015 D
	Daniel Kaskel	: at (	561	994-4499	
	Name of Contact Pe	rson	Area Cod	Daytime Telephone Number	- 0 .
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327			STREET ADDRESS: Division of Corporations Registration Section Clifton Building	ද ල ග
	Tallahassee, FL 32314			2661 Executive Center Circle Tallahassee, FL 32301	
			\$155.00		Fee, Certificate tified Copy

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

IN COMPLIANCE WITH SECTION 605 0202, FLORIDA STATUTEN, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY. COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Delaware (Jurisdiction under the law of w	high foreign lumited liability company is organized)	84		_ C," or "LLC ")
(Jurisdiction under the law of w.	ach foreign limited liability company is organized)		-3277281	
		J	(FEI manber, if applicable)	
	(Date first transacted business in Florida, if prior to reg (See sections 605.0904 & 605.0905, F.S. to determine	istration )		
2300 Weston Road,		230	00 Weston Road, Suite 202	
(Street Address of F	runcipal Office)	6	(Mailing Address)	
Weston, Florida 3332	26	We	ston, Florida 33326	
Name and <u>street addres</u>	s of Florida registered agent: (P.O. Box 1	NOT accep	otable)	2919.07
Name and <u>street addres</u> Name:	s of Florida registered agent: (P.O. Box 1)  Associated Corporate Services, LLC	NOT accep	otable)	2919 0:23 10
			otable)	70
Name:	Associated Corporate Services, LLC		otable) 	

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: Carlos E. Ulloa Manager Manager | Name: 2300 Weston Road, Suite 202 Address: Address: Member Member | Weston, Florida 33326 \_\_\_Authorized Authorized Person Person Other\_\_\_\_\_ Other Other\_\_\_\_ Other\_\_\_ Name: Manager Manager Name: \_\_\_\_\_ Member Address: \_\_\_\_ Member Address: Authorized Authorized Person Person Other\_\_\_\_ Other Other\_\_\_\_ Other\_\_\_\_ Manager Name: \_\_\_\_\_\_ Manager Name: Member Address: ☐ Member Address: Authorized Authorized VO. 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.

Typed or printed name of signee

Daniel A. Kaskel



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

DELAWARE, DO HEREBY CERTIFY "HFRE SP01-3 CANADA COURT, 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 NINTH DAY OF DECEMBER, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HFRE SP01-3

CANADA COURT, LLC" WAS FORMED ON THE TWELFTH DAY OF SEPTEMBER, A.D.

2019.

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

58:5 nu 01 1 (15)37



Authentication: 204161946

Date: 12-09-19

7604832 8300 SR# 20198501510

You may verify this certificate online at corp.delaware.gov/authver.shtml