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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

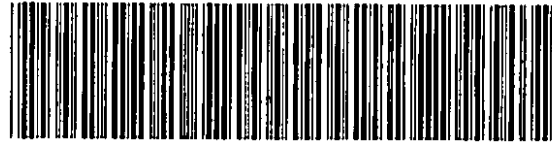
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2019 DEC -5 PM 1:02

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JAN 07 2020
T. LEMIEUX



CAMPOS GALVÁN
ABOGADOS

77 HARBOR DRIVE
KEY BISCAYNE, FLORIDA 33149
TEL +1 305 961 1192 FAX +1 646 607 4536
WWW.CG-ABOGADOS.COM

November 29, 2019

VIA REGULAR MAIL

Division of Corporations
Registration Section
Florida Department of State
P.O. Box 6327
Tallahassee, FL 32314

Re: Foreign LLC Qualification
HCS Sales LLC

Dear Sir / Madam:

Enclosed please find the following documents related to the qualification of the above referenced foreign LLC:

- a) Form CR2E027 duly completed and signed;
- b) Delaware Certificate of Formation;
- c) Delaware Certificate of Good Standing; and
- d) Check to cover the corresponding fees.

If you were to have any questions, please do not hesitate to contact me. Thank you for your assistance in this matter.

Manuel Campos

Enclosures.-

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: HCS SALES 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:

Manuel Campos

Name of Person

CG Abogados

Firm/Company

77 Harbor Drive Suite 306

Address

Key Biscayne, FL 33149

City/State and Zip Code

mcg@cg-abogados.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Manuel Campos

305

981-6543

at (_____) _____

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

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☒ \$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

IN COMPLIANCE WITH SECTION 605.002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(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," "LLC," or "L.L.C.")

2. _____
(Jurisdiction under the law of which foreign limited liability company is organized)

3. _____ (FEI) number, if applicable)

4. _____
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. _____
(Street Address of Principal Office)

6. _____
(Mailing Address)

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

_____, Florida _____
(City) (Zip code)

(Cr.)

(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.

Paola Sanchez
(Registered agent's signature)

(Registered agent's signature)

for GEUKHARD CONSULTING LLC.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

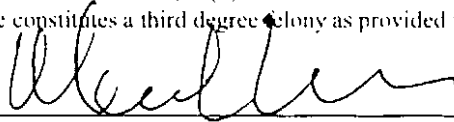
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

| <u>Title or Capacity:</u> | <u>Name and Address:</u> | <u>Title or Capacity:</u> | <u>Name and Address:</u> |
|--|--|--|---|
| <input type="checkbox"/> Manager | Name: <u>Amir Abraham Hoffmann</u> | <input type="checkbox"/> Manager | Name: <u>Miriam Reyes</u> |
| <input checked="" type="checkbox"/> Member | Address: <u>77 Harbor Drive #5</u> | <input checked="" type="checkbox"/> Member | Address: <u>601 NE 36th ST Suite 2502</u> |
| <input type="checkbox"/> Authorized | <u>Key Biscayne, FL 33149</u> | <input type="checkbox"/> Authorized | <u>Miami, FL 33137</u> |
| Person | _____ | Person | _____ |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |
| | | | |
| <input type="checkbox"/> Manager | Name: <u>Manuel Campos Galvan</u> | <input type="checkbox"/> Manager | Name: _____ |
| <input type="checkbox"/> Member | Address: <u>104 Crandon Blvd Suite 306</u> | <input type="checkbox"/> Member | Address: _____ |
| <input type="checkbox"/> Authorized | <u>Key Biscayne, FL 33149</u> | <input type="checkbox"/> Authorized | _____ |
| Person | _____ | Person | _____ |
| <input checked="" type="checkbox"/> Other <u>SCY</u> | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |
| | | | |
| <input type="checkbox"/> Manager | Name: _____ | <input type="checkbox"/> Manager | Name: _____ |
| <input type="checkbox"/> Member | Address: _____ | <input type="checkbox"/> Member | Address: _____ |
| <input type="checkbox"/> Authorized | _____ | <input type="checkbox"/> Authorized | _____ |
| Person | _____ | Person | _____ |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed 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

Manuel Campos Galvan

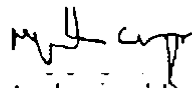
Typed or printed name of signer

STATE OF DELAWARE
CERTIFICATE OF FORMATION
OF LIMITED LIABILITY COMPANY

The undersigned authorized person, desiring to form a limited liability company pursuant to the Limited Liability Company Act of the State of Delaware, hereby certifies as follows:

1. The name of the limited liability company is HCS Sales LLC

2. The Registered Office of the limited liability company in the State of Delaware is located at 8 The Green Suite A (street), in the City of Dover, Zip Code 19901. The name of the Registered Agent at such address upon whom process against this limited liability company may be served is A Registered Agent Inc.

By: 
Authorized Person


Name: Manuel Campos
Print or Type

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "HCS SALES 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 TWENTY-FIRST DAY OF NOVEMBER, A.D. 2019.


Jeffrey W. Bullock, Secretary of State

Authentication: 204062579

Date: 11-21-19

7715910 8300

SR# 20198215666

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