

MA0000003063

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

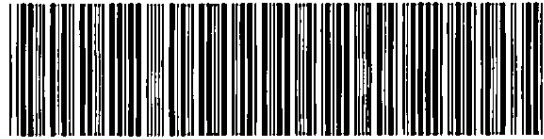
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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W2017761



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FILED  
2021 MAR 16 PM 3:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MAR 19 2021  
T. LEMMON



DUGGAN SHADWICK  
DOERR & KURLBAUM LLC

January 29, 2020

**VIA FEDERAL EXPRESS**

Florida Department of State  
Registration Section, Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

RE: Hopkins Holdings LLC – Certificate of Authority for a Foreign Qualification

Dear Clerk:

In connection with the above-reference matter, enclosed for your records are the following documents:

1. Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida;
2. Our firm's check #21867 made payable to the Florida Department State in the amount of \$125.00 for the filing fee; and
3. A Kansas Certificate of Good Standing from the state of domestication for Hopkins Holdings LLC.

If you have any questions or comments, please feel free to contact me or Michael J. Book, directly.

DUGGAN SHADWICK DOERR  
& KURLBAUM, LLC

*/s/ Rachel Wahlberg Sylvester*

Rachel Wahlberg Sylvester  
Paralegal

RWS:sf  
Enclosures

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** HOPKINS HOLDINGS 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:

Attn: Robert R. Hopkins

\_\_\_\_\_  
Name of Person

Hopkins Holdings LLC

\_\_\_\_\_  
Firm/Company

10543 Angelo Tenero Avenue

\_\_\_\_\_  
Address

Las Vegas, NV 89135

\_\_\_\_\_  
City/State and Zip Code

bobhopkins54@gmail.com

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

For further information concerning this matter, please call:

Rachel Wahlberg Sylvester

913

498-3536

at ( )

\_\_\_\_\_  
Name of Contact Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

**Mailing Address:**

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

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 21, 2020

ROBERT R. HOPKINS  
10543 ANGELO TENERO AVE  
LAS VEGAS, NV 89135

SUBJECT: HOPKINS HOLDINGS LLC  
Ref. Number: W20000018761

We have received your document for HOPKINS HOLDINGS LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.", also are no longer acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tracy L Lemieux  
Regulatory Specialist II

Letter Number: 020A00003924

FILED

2021 MAR 16 PM 3:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

IN COMPLIANCE WITH SECTION 600.02, FLEMING SUBMIT THE FOLLOWING INFORMATION TO REGISTER A FOREIGN LIMITED LIABILITY  
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA

1. HOPKINS HOLDINGS LLC

(Name of Foreign LLC)

HOPKINS HOLDINGS FL LLC

(The name of the foreign LLC as it appears in its jurisdiction of organization)

KANSAS

2. February 4, 2020

3. February 4, 2020

(Date of formation of the foreign LLC in its jurisdiction of organization)

10543 Angelo Tenorio Avenue

4. Las Vegas, NV 89135

5. Las Vegas, NV 89135

10543 Angelo Tenorio Avenue

6. Las Vegas, NV 89135

7. Las Vegas, NV 89135

8. Name and street address of Florida registered agent (P.O. Box not acceptable)

Name Jack Cleverly

Office Address 12 LEASWAY CIRCLE

PENSACOLA

FL

Florida Jack Cleverly

Registered agent's acceptance:

Having been named as registered agent and in acceptance of process for the above named foreign 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.

Jack Cleverly  
(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 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 checked="" type="checkbox"/> Manager	Name: Robert R. Hopkins	<input type="checkbox"/> Manager	Name _____
<input type="checkbox"/> Member	Address: 10543 Angelo Teneo Avenue	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	Las Vegas, NV 89135	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

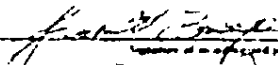
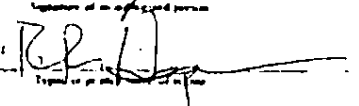
<input type="checkbox"/> Manager	Name: JACK G. BEVERLY	<input type="checkbox"/> Manager	Name _____
<input type="checkbox"/> Member	Address: 4012 LEGACY COURT	<input type="checkbox"/> Member	Address: _____
<input checked="" type="checkbox"/> Authorized	PENNSA, FL 33511	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<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 officer or person  
 Robert R. Hopkins, Manager  
  
 Typed or printed name of officer or person

**STATE OF KANSAS**  
**OFFICE OF**  
**SECRETARY OF STATE**  
**SCOTT SCHWAB**

I, SCOTT SCHWAB, Secretary of State of the state of Kansas, do hereby certify, that according to the records of this office.

Business Entity ID Number: 9097940

Entity Name: HOPKINS HOLDINGS LLC

Entity Type: DOM: LTD LIABILITY COMPANY

State of Organization: KS

Resident Agent: DSD SERVICE CORPORATION

Registered Office: 9101 W 110th Street Suite 200, OVERLAND PARK, KS 66210

was filed in this office on July 18, 2018, and is in good standing, having fully complied with all requirements of this office.

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



In testimony whereof I execute this certificate and affix the seal of the Secretary of State of the state of Kansas on this day of January 08, 2020

**SCOTT SCHWAB**  
**SECRETARY OF STATE**

Certificate ID: 1122946 - To verify the validity of this certificate please visit <https://www.kansas.gov/bess/flow/validate> and enter the certificate ID number.