

M20000003063

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

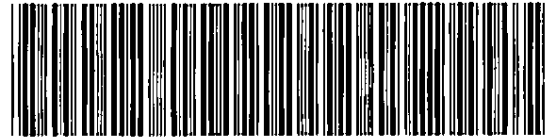
(Document Number)

Certified Copies _____ Certificates of Status _____

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

MAR 19 2021
T. LEONARD



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



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

2020 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 609.01, F.S., I HEREBY STATE THE FOLLOWING FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. HOPKINS HOLDINGS LLC
Name of Foreign LLC Foreign Country, State or Jurisdiction: UNITED STATES
HOPKINS HOLDINGS FL LLC

~~Florida does not recognize the jurisdiction of the foreign country of the above named foreign limited liability company.~~

2. KANSAS
Jurisdiction under the law of the foreign country, state or jurisdiction.

4. FEBRUARY 4, 2020
Date that business began in Florida or first incorporation.
(This section is not applicable if the business is a partnership.)

5. 10543 Angelo Terrace Avenue 10543 Angelo Terrace Avenue
Main Office Address (Street Address) Foreign Office Address
Las Vegas, NV 89133 Las Vegas, NV 89133

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

Name: Jack Steverly
Office Address: 1012 LEANWAY CIRCLE
PENSACOLA Florida 32503

Registered agent's acceptance:
Having been named as registered agent and in acceptance of process for the above stated foreign limited liability company at the place indicated 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 Steverly
Registered agent (Print Name)

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

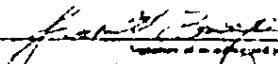
<input type="checkbox"/> Manager	Name: <u>JACK G. BEVERLY</u>	<input type="checkbox"/> Manager	Name _____
<input type="checkbox"/> Member	Address: <u>4012 LEGWAY CIR. 10</u>	<input type="checkbox"/> Member	Address _____
<input checked="" type="checkbox"/> Authorized Person	<u>PENSACOLA, FL 32501</u>	<input type="checkbox"/> Authorized Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

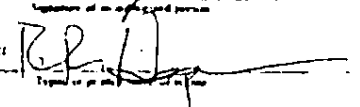
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address _____
<input type="checkbox"/> Authorized Person	_____	<input type="checkbox"/> Authorized Person	_____
<input type="checkbox"/> 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.



 Robert R. Hopkins, Manager


 Robert R. Hopkins, Manager

**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.