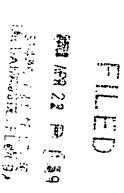
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APR 23 2023

COVER LETTER

Division of Corporations
SUBJECT: HSC Fort Pierce 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: Hames S. Socketson Name of Person
Firm/Company
205 Trione Ave
Daphe AL 36536 City/State and Zip Code
Canqua NiXS Nedeker. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Candy Lamber at (Dy · LOY 7 Area Code Daytime Telephone Number
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
Enclosed is a check for the following amount: \$125.00 Filing Fee \$\Bigcup \text{\$130.00 Filing Fee & Certificate of Status}\$ Certificate of Status Certified Copy \$155.00 Filing Fee & S160.00 Filing Fee, Certificate of Status & Certified Copy



March 10, 2020

HAYNMES S SNEDEKER 805 TRIONE AVE DAPHNE, AL 36526

SUBJECT: HSC FORT PIERCE, LLC

Ref. Number: W20000025908

We have received your document for HSC FORT PIERCE, 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):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not 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: 320A00005311

RECEIVED

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

1. HSC F	SINESS IN THE STATE OF FLORIDA: CH PIECE LL Limited Liability Company, must include "Limited	.C		GN IIMTED LIABILIT
(If name unavailable, enter alternate n	ame adopted for the purpose of transacting business in Flor	ids. The elternate more must melude '	"Livrigad Liability Common "	""I I C" - "II C"
2. (Juris division under the law of w	hich foreign himited liability company is organized)	3. <u>84.</u> 3	392947)
4	(Date first transacted husiness in Florida, if prior to n (See sections 605.0904 & 605.0905, F.S. to determine	rgistration.) e penalty hability)	 _	
5. OSTION	o Ave	6. <u>PO (</u>	20X/3C)
Daphre	, AL 3652Le	Daph	GAL3	10524
7. Name and street address	s of Florida registered agent: (P.O. Box	NOT acceptable)		
Name:	C T Corporation System			r-a
Office Address:	1200 South Pine Island Road		Winds Winds Winds	
	Plantation	, Florida 3	33324 <u>16</u>	22
	(City)	, 1 londa	(Zip code)	T
designated in this applicate to comply with the provisi	tance: gistered agent and to accept service of pi tion, I hereby accept the appointment as ons of all statutes relative to the proper o tof my position as registered agent.	registered agent and agre	e to act in this capa	mpuny at the place
	Jan M. Hoy James M. Assistant			
	(Registered agent's si			

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Name and Address: Title or Capacity:

(Use attachments if necessary)

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 gelony as provided for in s.817.155, F.S.

Signature of an authorized person

Typed or printed name of signee

John H. Merrill Secretary of State P.O. Box 5616 Montgomery, AL 36103-5616

STATE OF ALABAMA

I, John H. Merrill, Secretary of State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that

the entity records on file in this office disclose that HSC Fort Pierce, LLC was formed in Baldwin County, Alabama on December 11, 2019. The Alabama Entity Identification number for this entity is 595-890. I further certify that the records do not disclose that said entity has been dissolved, cancelled or terminated.



20200421000004276

In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the city of Montgomery, on this day.

04/21/2020

Date

X 74. Merill

John H. Merrill

Secretary of State