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To:		<u> </u>	<u> </u>	 ! 
Division of Cor				٠.
Fax Number	: (850)617-6383	11	29	
From:		·	- 1	
Account Name	: CORPORATION SERVICE COMPANY	. <sub>2</sub>	, " Ł	٠,
Account Number	: 120000000195	-	,	
Phone	: (850)521-0821		1.2	
Fax Number	: (850)558-1515		لبث	

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

Email Address:\_\_

## Foreign Limited Liability Company HCII-3440 W. MARTIN LUTHER KING JR. BLVD., LLC

Certificate of Status	0
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Help

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	COVER LETTER
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TO: Registration Section	: :
Division of Corporations	,
HCH-3440 W. MARTIN LUTHER KING	JR. BLVD., LLC
SUBJECT: Nan	of Labelle Common
The enclosed "Application by Foreign Limited Liability Existence, and check are submitted to register the above	Company for Authorization to Transact Business in Florida," Certificate of referenced foreign limited liability company to transact business in Florida.
Please return all correspondence concerning this matter	to the following:
2	
	Name of Person
	Firm/Company
	Address
	City/State and Zip Code
F-mail address: (to	be used for future annual report notification)
For further information concerning this matter, please of	ali:
For faither hadding to see thing the second process	
	21 (
Name of Contact Person	at ()  Area Code Daytime Telephone Number
Mailing Address:	Street Address: Registration Section
Registration Section	Division of Corporations
Division of Corporations P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810
rananassee, fil 32314	Tallahassee, FL 32303
Enclosed is a check for the following amount:	ON A DEPARTMENT OF STATE
Please make check payable to: FLORIDA DE	Far & 11 \$155.00 Filing Fee & E. \$100.00 Lang Fee Column
☐ \$125.00 Filing Fee ☐ \$130.00 Filing I Certificate	e of Status Certified Copy of Status & Certified Copy

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

IN COMPLIANCE WITH SECTION 605.0XD, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO RECEISTER A FOREIGN. LIMITED HABILITY COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	R LUTHER KING JR, BLVD., LLC Limited Liability Company, must include "Limited Liab					
name unovallable, enter alternate p	area adopted for the purpose of measuring business in Florida.	The alternate name must in	ckale "Limited L	ability Con	npady," "L. I. C,"	or "IJ (.")
Delaware		3				
Durishiction upder the law of w	wh foreign limited asbility company is organized)	3	(Fill semi	er, il applic	able)	
	Date his transacted business in Florida, if justor to registr	-dysa i				
	(See sections 605.0904 & 695.0905; F.S. to determine per	ulty habitiy)				
4890 W. Kennedy Blve	1. , Suite 650	6. (Mailing Addr	dy Blvd. , S	uite 650		
rect Address of Principal Office)		(Vinling Adur	essa)			
Tampa, FL 33609		Tampa, FL 33	609			
			<i>:</i>	5 -: C 3		
			<u></u>	<del></del>		<del></del>
Name and street address	s of Florida registered agent: (P.O. Box <u>NC</u>	T acceptable)	3	นิร	erre de la	
Mane and succi address	g (11 101144 10g		• •	29	1	
	Corporation Service Company			77	1 / 1	
Name:			<u> </u>			
	1201 Hays Street			fige		
Office Address:	1207 114,114,004	<del></del>	1000			
	Tallahassee	, Florid	32301 a			┺.
	(City)		(Zip code)			

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]:

Fitle or Capacity:	Name and Address:	Title or Capacity:	Name and Address
□Manager	Name: Michael Seton	□Manager	Name: Kay Neely
Member	Address: 4890 W. Kennedy Blvd.	Member	Address: 4890 W. Kennedy Bfvd.
	Suite 650	□Authorized	Suite 650
Person	Tampa, FL 33609	Person	Tampa, FL 33609
□Other		□Other	Other
IManager	Nume:	⊡Manager	Name:
□Member	Address:	$\Box$ Member	Address:
□Authorized		□ Authorized	
Person		Person	
□Other	□Other	□Other	□Other
⊡Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
∴Authorized		∐Authorized	
Person		Person	
□Other	C)Other	□Other	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 Stafutes, 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.

The state of		
	Segueture of an authorized person	
Lisa Collado		
	Exped or printed made of signer	.,

## Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HCII-3440 W. MARTIN LUTHER KING JR. BLVD., 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 SEVENTEENTH DAY OF AUGUST, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HCII-3440 W. MARTIN LUTHER KING JR. BLVD., LLC" WAS FORMED ON THE TWENTY-FOURTH DAY OF JULY, A.D. 2020.

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

Authentication: 203484122

Date: 08-17-20