

45
10/15/20



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

Dear Sir/Madam:

Enclosed is my application to register as a foreign limited liability company to transact business in Florida. In addition to the application, I am also submitting a certificate of existence from the State of Louisiana Secretary of State's Office.

Sincerely,

A handwritten signature in black ink, appearing to read "Robert Hughes", written in a cursive style.

Robert Hughes
Herrera Correctional Management Systems, LLC
2929 Seasons Blvd
Sarasota, FL 34240

FILED
2023 OCT 13 PM 3:07
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Herrera Correctional Management Systems 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:

Robert Hughes

Name of Person

Herrera Correctional Management Systems LLC

Firm/Company

2929 Seasons Blvd

Address

Sarasota, FL 34240

City/State and Zip Code

hcms.rh@gmail.com

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

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2022 OCT 13 PM 3:07
TALLAHASSEE, FL
CLERK OF SUPERIOR COURT

For further information concerning this matter, please call:

Robert Hughes

941

952 8122

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

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Herrera Correctional Management Systems LLC
(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," "L.L.C.," or "LLC.")

2. Louisiana 3. 26 3247221
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 4/4/2010
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 2929 Seasons Bld, Sarasota, FL 34240 6. 2929 Seasons Blvd, Sarasota, FL 34240
(Street Address of Principal Office) (Mailing Address)

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

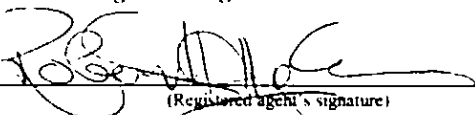
Name: Robert Hughes

Office Address: 2929 Seasons Blvd

Sarasota 34240
(City) , Florida (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.


(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]:

Title or Capacity: **Name and Address:**

☐ Manager Name: Robert Hughes

☒ Member Address: 2929 Seasons Blvd

☐ Authorized Sarasota, FL 34240

Person

☐ Other ☐ Other

Title or Capacity: **Name and Address:**

☐ Manager Name: E. Steven Afeman

☒ Member Address: 103 Briargate Walk Circle

☐ Authorized Lafayette, LA 07050

Person

☐ Other ☐ Other

☐ Manager Name:

☐ Member Address:

☐ Authorized

Person

☐ Other ☐ Other

☐ Manager Name:

☐ Member Address:

☐ Authorized

Person

☐ Other ☐ Other

☐ Manager Name:

☐ Member Address:

☐ Authorized

Person

☐ Other ☐ Other

☐ Manager Name:

☐ Member Address:

☐ Authorized

Person

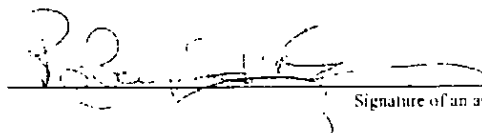
☐ Other ☐ Other

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CLERK OF COURT
TALLAHASSEE, FLORIDA

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)

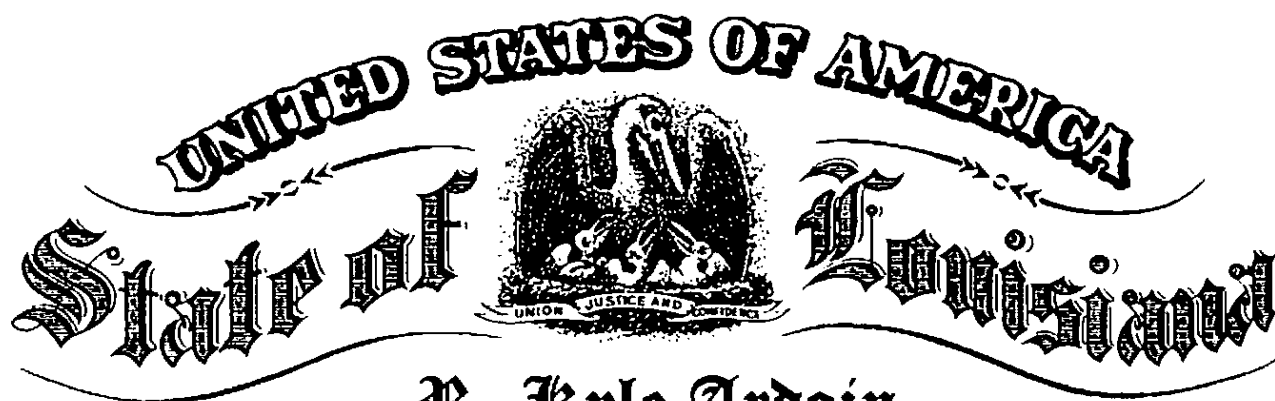
10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



Signature of an authorized person

Robert Hughes

Typed or printed name of signee



R. Kyle Ardoin

SECRETARY OF STATE

As Secretary of State of the State of Louisiana I do hereby Certify that

the Articles of Organization of

HERRERA CORRECTIONAL MANAGEMENT SYSTEMS, LLC

Domiciled at LAFAYETTE, LOUISIANA,

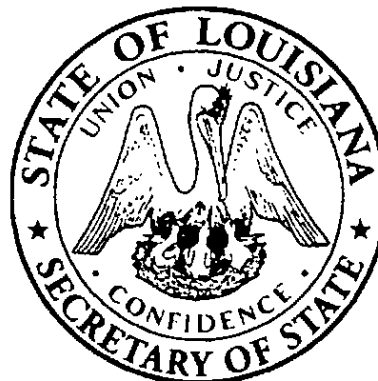
Were filed in this Office and a Certificate of Organization was issued on August 22, 2008,

I further certify that no Certificate of Dissolution or Termination has been issued.

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2020 OCT 13 PM 3:07
TALAMON, FLORIDA

In testimony whereof, I have hereunto set my hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on,

October 8, 2020



R. Kyle Ardoin

Secretary of State

Web 36832032K

Certificate ID: 11282867#62N83

To validate this certificate, visit the following web site, go to **Business Services**, **Search for Louisiana Business Filings**, **Validate a Certificate**, then follow the instructions displayed.
www.sos.la.gov