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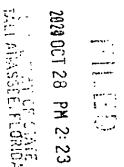
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COVER LETTER

N 4 82 /C2581	J. Hoyt & Company, L.L.C.			
BJECT:	Nam	e of Limited Liability Con	ıpany	
	ation by Foreign Limited Liability are submitted to register the above			
ease return all corre	spondence concerning this matter t	o the following:		
Ric	hard H. Hatter, CPA, ABV			
		Name of Person	<u>, , , , , , , , , , , , , , , , , , , </u>	
Rot	pert M. Hoyt & Company, L.L.C.			2920 0
		Firm/Company		Q
Р.О	. Box 818, 28466 Dupont Blvd			28 F
		Address		2
Mil	Isboro, Delaware 19966			2: 23 1315 1316
	(Tity/State and Zip Code		}.
rhatte	r@rmhoytco.com			
	E-mail address: (to b	e used for future annual rep	oort notification)	
or further informatio	n concerning this matter, please ca	H:		
Richard H. F	latter, CPA, ABV	302 at ()	934-6688	
	Name of Contact Person	Area Code	Daytime Teleph	one Number
Mailing Add		Street Address:		
	Registration Section		ion	
	Division of Corporations Division of Corporations			
P.O. Box 6		The Centre of Tallahassee		
Tallahasse	Tallahassee, FL 32314		Street, Suite 810)
		Tallahassee, FL 1	32303	

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

IN COMPLIANCE WITH SECTION 605 0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY

COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA: 1. Robert M. Hoyt & Company, L.L.C. (Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.I.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.") State of Delaware, USA (Jurisdiction under the law of which foreign limited liability company is organized) No business yet transacted in Florida expected date November 15, 2020 (Date first transacted business in Florida, if prior to registration.) (See sections 605-0904 & 605-0905, F.S. to determine penalty liability) 28466 Dupont Blvd P.O. Box \$18 (Street Address of Principal Office) Millsboro, DE 19966 Millsboro, DE 19966 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Kathleen D. Brownell Name: 5310 Cedarshake Lane Office Address: Valrico

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.

Kanleen R. Braucoll

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: Title or Capacity: Name and Address: W. Ryan Pusey, CPA Richard H. Hatter, CPA, ABV □Manager □Manager P.O. Box 818 P.O. Box 818 ■Member Address: Address: ■Member 28466 DuPont Blvd 28466 DuPont Blvd □ Authorized □ Authorized Millsboro, DE 19966 Millsboro, DE 19966 Person Person □Other □Other Other William H. Pusey, CPA □Manager □Manager P.O. Box 818 ■Member Address: □Member Address: 28466 DuPont Blvd Authorized □ Authorized Millsboro, DE 19966

	Person	
□Other □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 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

Person

□Other

Name:

Address: ____

□Other

■ Manager

□Member

□ Authorized

Richard H. Hatter, CPA, ABV

□Other

Address:

Person

 \square Other

□Manager

□ Authorized



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY THAT "ROBERT M. HOYT & COMPANY, L.L.C."

IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN

GOOD STANDING AND HAS A LEGAL EXISTENCE NOT HAVING BEEN CANCELLED

OR REVOKED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY

AUTHORIZED TO TRANSACT BUSINESS.

THE FOLLOWING DOCUMENTS HAVE BEEN FILED:

CERTIFICATE OF FORMATION, FILED THE TWENTY-SIXTH DAY OF OCTOBER, A.D. 2000, AT 9 O'CLOCK A.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CERTIFICATE IS THE ONLY PAPER OF RECORD, THE LIMITED LIABILITY

COMPANY IN QUESTION NOT HAVING FILED AN AMENDMENT NOR HAVING

MADE ANY CHANGE WHATSOEVER IN THE ORIGINAL CERTIFICATE AS FILED.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ROBERT M.

HOYT & COMPANY, L.L.C." WAS FORMED ON THE TWENTY-SIXTH DAY OF

OCTOBER, A.D. 2000.

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

Authentication: 203729372

Date: 09-24-20

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