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Account#: 120000000088

Date: February 05, 2021
Name:Eric Marcano
Reference #:1324092
Entity Name: HERA TECHNOLOGIES (FLORIDA), LLC
✓ Articles of Incorporation/Authorization to Transact Business
Amendment
Change of Agent
Reinstatement
Conversion
☐ Merger
Dissolution/Withdrawal
Fictitous Name
Other
Authorized Amount: \$125.00
Authorized Amount: \$125.00 Signature:

COVER LETTER .

TO:

Registration Section

	Name	e of Limited Liability Company
		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	o the following:
	Lili A. Skrumbis, Paralegal	
		Name of Person
	Barnes & Thornburg LLP	
		Firm/Company
	2029 Century Park E. Suite 300	
		Address
	Los Angeles, CA 90067	
	C	ity/State and Zip Code
	Lili.Skrumbis@btlaw.com	
	E-mail address: (to be	used for future annual report notification)
For further infor	rmation concerning this matter, please cal	
Lili A.	Skrumbis	at () 284-3867 Daytime Telephone Number
	Name of Contact Person	Area Code Daytime Telephone Number
	g Address: tration Section	Street Address: Registration Section
	ion of Corporations	Division of Corporations
	3ox 6327	The Centre of Tallahassee
Tallal	nassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
	ed is a check for the following amount: make check payable to: FLORIDA DEP	ARTMENT OF STATE
	5.00 Filing Fee \$130.00 Filing Fee Certificate o	e & 🔲 \$155.00 Filing Fee & 🔲 \$160.00 Filing Fee, Certificate

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

IN COMPLANCE 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:

Hera Technologies (Flo	orida), LLC				
(Name of Foreign	Limited Liability Company, must include "Limite	ed Liabilit	y Company," "L.L.C.," or "LLC,")		
It name unavailable, enter alternate r	name adopted for the purpose of transacting business in E	lorida. The	alternate name must include "Limited Liab	dity Company," "L.L.C." or "L	.LC.")
Delaware 2.					
(Jurisdiction under the law of which foreign limited liability company is organized		3. (FEI number, if applicable)			
1 .					
	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determ	registratio une penalty	n) · liability)		
350 Imperial Blvd.		6.	1590 S. Milliken Avenue, Un	it D	
Street Address of Principal Office)		,,,	(Mailing Address)	· · · · · · · · · · · · · · · · · · ·	
Cape Canaveral, FL 32	920		Ontario, CA 91761		
 Name and <u>street addres</u> Name: 	ss of Florida registered agent: (P.O. Boy Cogency Global Inc.	x <u>NOT</u>	acceptable)	2021 FEB -5	77
Office Address:	115 North Calhoun Street, Suite 4			P	56 :
	Tallahassee		32301 , Florida	: 3 8	٠.
	(City)		(Zip code)		
designated in this applica to comply with the provisi	tance: gistered agent and to accept service of , tion, I hereby accept the appointment a ions of all statutes relative to the proper s of my position as registered agent.	is regist r and co	ered agent and agree to act in mplete performance of my du	this capacity. I furth	er ayr
	+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: Title or Capacity: Name and Address: Dieu Thanh Didi Truong Name: Aaron Martin Evans **≡**Manager ■ Manager Address: _____ Unit D Address: _____ 1590 S. Milliken Ave., Unit D □Member □Member Ontario, CA 91761 Ontario, CA 91761 □ Authorized □ Authorized Person Person □Other □Other □Other _____ □Other__ ___ ___ Eugene Yui-Chung Cheuk Name: **■**Manager □Manager Name: Address: ____ □Member □ Member Address: _____ Ontario, CA 91761 □ Authorized □ Authorized Person Person □Other_ ___ □Other \square Other $__$ Other____ Name: □Manager □Manager Name: □Member Address: □ Member Address: ______ □ Authorized □ Authorized Person 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. Nonindexed 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 Lili A. Skrumbis, Authorized Person

Typed or printed name of signee

Page 1



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

DELAWARE, DO HEREBY CERTIFY "HERA TECHNOLOGIES (FLORIDA), 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 FOURTH DAY OF FEBRUARY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HERA TECHNOLOGIES (FLORIDA), LLC" WAS FORMED ON THE SIXTEENTH DAY OF NOVEMBER, A.D. 2020.

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

A CONTRACTOR OF THE PARTY OF TH

Authentication: 202442400

Date: 02-04-21

4153993 8300 SR# 20210333858