O 02/09/2021 2:02 PM

pg 1 of 4 https://efile.sunbiz.org/scripts/efileovr.exe



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000056133 3)))



H210000561333ABCV

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053

Phone : (561)694-8107

Fax Number

: (561)214-8442

**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 Hyde House, LLC

Certificate of Status	0
Certified Copy	0
Page Count	()4
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help



1 of 1

COVER LETTER

ΓO:	Registration Section Division of Corporatio	ns				·
SUBJI	Hyde House, LLC					
, , , ,		Name of	Limited Liability (ompany		
The en Exister	iclosed "Application by Fonce, and check are submitted	reign Limited Liability Comp ed to register the above refero	oany for Authoriza enced foreign limit	tion to Tra ed liability	insact Business in Florida," company to transact busin	Certificate oness in Florida
lease	return all correspondence	concerning this matter to the	following:			
	Erika Eister					
	 -	N	ame of Person			
	eMinutes					
		Fi	imv'Company			
	11726 San Vic	ente Blvd. Suite 480				
			Address	<u>-•</u> .		
	Los Angeles, G	CA 90049				,
	- <u></u>	City/S	tate and Zip Code			
	eteam@eminute	s.com				
		E-mail address: (to be use	d for future annual	report not	ification)	
For fu	rther information concerni	ng this matter, please call:				_
	Erika Easter		310	820-10	00	
	Name	of Contact Person	at (Area Code	Day	rtime Telephone Number	
	MAILING ADDRESS Division of Corporation Registration Section P.O. Box 6327 Tallahassee, FL 32314			Division Registrat Clifton B 2661 Exc	of Corporations ion Section duilding ecutive Center Circle see, FL 32301	
Enclos	sed is a check for the follow \$125.00 Filing Fee	ving amount: ☐ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filit Certified Copy	ng Fee &	□ \$160,00 Filing Fee, C of Status & Certified Co	

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:

	Limited Liability Company; must include "Limite		
(if name unavailable, enter alternate r	name adopted for the purpose of transacting business in Flo	ords. The alternate name must include "Limited Lial	bility Company," "L.L.C," or "LLC,")
2. Delaware	shich foreign kniited liability company is organized)	3.	ber. if applicable)
(Junydiction under the law of w	hich toreign kniited hability company is organized)	итил кэч)	кст. п дружение)
4	The first presented by one in Florida (financia)	construction)	
	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determine		
5. 300 Spectrum Center (Street Address of	Dr., Ste 675	6. 300 Spectrum Center Dr., 3	Ste 675
Irvine, California 9261		frvine, California 92618	((3))
7. Name and street addre	ss of Florida registered agent: (P.O. Box	(<u>NOT</u> acceptable)	
Name:	eResidentAgent, Inc.		
Office Address:	801 US Highway I		
	North Palm Beach	m	
	(City)	, Florida 33408(Zip.cod	(e)
designated in this applicate to comply with the provis	otance: egistered agent and to accept service of parties, I hereby accept the appointment assions of all statutes relative to the proper as of my position as registered agent.	is registered agent and agree to act	in this capacity. I further agre
designated in this applicate to comply with the provis	egistered agent and to accept service of pation, I hereby accept the appointment a	as registered agent and agree to act r and complete performance of my	in this capacity. I further agre
designated in this applicate comply with the provise and accept the obligation 8. The name, title or cap	egistered agent and to accept service of pation, I hereby accept the appointment assions of all statutes relative to the proper as of my position as registered agent. (Registered agent) active and address of the person(s) who have	as registered agent and agree to act r and complete performance of my registure) as/have authority to manage is/are:	in this capacity. I further agreduties, and I am familiar with
designated in this applicate comply with the provisand accept the obligation 8. The name, title or cap <u>Title or Capacity:</u>	egistered agent and to accept service of pation, I hereby accept the appointment actions of all statutes relative to the proper as of my position as registered agent. (Registered span) active and address of the person(s) who have and Address:	ns registered agent and agree to act or and complete performance of my agrature)	in this capacity. I further agre
designated in this applicate comply with the provise and accept the obligation 8. The name, title or cap	egistered agent and to accept service of pation, I hereby accept the appointment assions of all statutes relative to the proper as of my position as registered agent. (Registered agent) active and address of the person(s) who have and Address: Carlos Hyde	as registered agent and agree to act rand complete performance of my dispature) as/have authority to manage is/are: Title or Capacity:	in this capacity. I further agreduties, and I am familiar with
designated in this applicate comply with the provisand accept the obligation 8. The name, title or cap Title or Capacity:	egistered agent and to accept service of pation, I hereby accept the appointment actions of all statutes relative to the proper as of my position as registered agent. (Registered span) active and address of the person(s) who have and Address:	as registered agent and agree to act rand complete performance of my dispature) as/have authority to manage is/are: Title or Capacity:	in this capacity. I further agreduties, and I am familiar with
designated in this applicate comply with the provisand accept the obligation 8. The name, title or cap <u>Title or Capacity:</u>	egistered agent and to accept service of pation, I hereby accept the appointment a silons of all statutes relative to the proper as of my position as registered agent. (Registered agent) active and address of the person(s) who has a Name and Address: Carlos Hyde 300 Spectrum Center Dr., Ste	as registered agent and agree to act rand complete performance of my dispature) as/have authority to manage is/are: Title or Capacity:	in this capacity. I further agreduties, and I am familiar with
designated in this applicate comply with the provisand accept the obligation 8. The name, title or cap <u>Title or Capacity:</u>	egistered agent and to accept service of pation, I hereby accept the appointment a silons of all statutes relative to the proper as of my position as registered agent. (Registered agent) active and address of the person(s) who has a Name and Address: Carlos Hyde 300 Spectrum Center Dr., Ste	as registered agent and agree to act rand complete performance of my dispature) as/have authority to manage is/are: Title or Capacity:	in this capacity. I further agreduties, and I am familiar with
designated in this applicate comply with the provisand accept the obligation 8. The name, title or cap Title or Capacity:	egistered agent and to accept service of pation, I hereby accept the appointment a silons of all statutes relative to the proper as of my position as registered agent. (Registered agent) active and address of the person(s) who has a Name and Address: Carlos Hyde 300 Spectrum Center Dr., Ste	as registered agent and agree to act rand complete performance of my dispature) as/have authority to manage is/are: Title or Capacity:	in this capacity. I further agreduties, and I am familiar with
designated in this applicate comply with the provisand accept the obligation 8. The name, title or cap Title or Capacity: Manager	egistered agent and to accept service of pation, I hereby accept the appointment a sions of all statutes relative to the proper as of my position as registered agent. (Registered agent) active and address of the person(s) who have and Address: Carlos Hyde 300 Spectrum Center Dr., Ste Irvine, California 92618	as registered agent and agree to act rand complete performance of my dispature) as/have authority to manage is/are: Title or Capacity:	in this capacity. I further agreduties, and I am familiar with
designated in this applicate comply with the provisand accept the obligation 8. The name, title or cap Title or Capacity: Manager (Use attachments if neces	egistered agent and to accept service of pation, I hereby accept the appointment assions of all statutes relative to the proper as of my position as registered agent. (Registered agent) (Registered agent)	as registered agent and agree to act and complete performance of my agrature) as/have authority to manage is/are: Title or Capacity:	in this capacity. I further agreduties, and I am familiar with
designated in this applicate comply with the provisand accept the obligation 8. The name, title or cap Title or Capacity: Manager (Use attachments if neces	egistered agent and to accept service of pation, I hereby accept the appointment a sions of all statutes relative to the proper as of my position as registered agent. Registered agent	as registered agent and agree to act and complete performance of my agrature) as/have authority to manage is/are: Title or Capacity: duly authenticated by the official ba	in this capacity. I further agree duties, and I am familiar with Name and Address:
designated in this applicate comply with the provisand accept the obligation 8. The name, title or cap Title or Capacity: Manager (Use attachments if neces 9. Attached is a certificate jurisdiction under the law of the translator must be s 10. This document is exect	egistered agent and to accept service of pation, I hereby accept the appointment a sions of all statutes relative to the proper as of my position as registered agent. Registered agent	duly authenticated by the official bette is in a foreign language, a translated \$(1) (b), Florida Statutes. I am away	Name and Address: Name and Address: aving custody of records in the tion of the certificate under oath are that any false information
designated in this applicate comply with the provisand accept the obligation 8. The name, title or cap Title or Capacity: Manager (Use attachments if neces 9. Attached is a certificate jurisdiction under the law of the translator must be s 10. This document is exect	egistered agent and to accept service of pation, I hereby accept the appointment a sions of all statutes relative to the proper as of my position as registered agent. Registered span: Carlos Hyde 300 Spectrum Center Dr., Ste Irvine, California 92618 ssary) cof existence, no more than 90 days old, of which it is organized. (If the certificat submitted) cotted in accordance with section 605.020, to the Department of State constitutes a the	duly authenticated by the official bette is in a foreign language, a translated \$(1) (b), Florida Statutes. I am away	Name and Address: Name and Address: aving custody of records in the tion of the certificate under oath are that any false information

Typed or printed name of signee

Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "HYDE HOUSE, 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 EIGHTH DAY OF FEBRUARY, A.D. 2021.

-;-

at corp.delaware.gov/auti

Authentication: 202463281

Date: 02-08-21