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Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				
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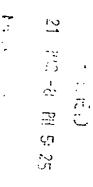
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MAR 13 2000 To 1 COVERLETTER

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Registration Section Division of Corporations	
WECT: H3/ PROJER	eties LC
SJECT: T 1 L TROJEK	Name of Limited Liability Company
enclosed "Application by Foreign Limited tence, and check are submitted to register t	Liability Company for Authorization to Transact Business in Florida," Certificate he above referenced foreign limited liability company to transact business in Flori
se return all correspondence concerning thi	s matter to the following:
Tony	Name of Person
	Name of Person
H31 Ro	species 1/c
	Firm/Company
4604 49th St	N Suite 1125
	Address
St. Petersbyi	5 , FL 33709 City/State and Zip Code
Holbs E-mail addr	ess (to be used for future annual report notification)
further information concerning this matter,	please call:
Tony Holbs  Name of Contact Per	at ( 8/3 ) 578 - 37 13  Son Area Code Daytime Telephone Number
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, Fl. 32303



### FLORIDA DEPARTMENT OF STATE Division of Corporations

February 20, 2021

TONY HOBBS 4604 49 ST N STE 1125 ST PETERSBURG, FL 33709

SUBJECT: H&L PROPERTIES LLC Ref. Number: W21000023688

We have received your document for H&L PROPERTIES LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.", also are no longer acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tracy L Lemieux Regulatory Specialist II

Letter Number: 021A00003817

RECEIVED

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www.sunbiz.org

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

IN COMPILANCE WITH SECTION 605,0002, FLORIDA STATUTEN THE COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA	FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN TIMITED HABILITY
421621	LLC
(Name of Foreign Limited Liability Company) must include "Lim	ited Liability Company," "L. L. C.," or "L.L.C.")
H+L Properties of Flan  (If name unavailable, enter allegate name adopted to the purpose of transacting business in	i Florida. The alternate name must include "Limited Liability Company," "L. I. C," or "LI C.")
, PA	30-0847283
(Jurisdiction under the law of which foreign himted hability company is organized)	(FEI number, et applicable)
03/01	12021
(Date first transacted business In Florida, if prior (See sections 605 0904 & 605,0905, F.S. to dete	mine penalty liability)
5. (Street Address of Principal Office)	6. 4604 49h J. N
suife 1125	suite 1125
St. Pelenburg FZ, 35709	St. Petersburg, FL, 33709
7. Name and <u>street address</u> of Florida registered agent: (P.O. Bo	ox <u>NOT</u> acceptable)
Name: Tony Hob	bs
Office Address: 4604 49th St N	Duile 1125
St. Peterships	. Florida 33769
(City)	(Zip code)
Registered agent's acceptance:	f 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 prop- and accept the obligations of my position as registered agent. /	er and complete performance of my duties, and Lam familiar with
J_A//	
(Reprinted 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:			
Manager	Name: Joy Hobbs	□Manager	Name:				
□Member	Address: 3135 24 Ave	□Member	Address:				
□Authorized	N & Peterburg	□Authorized					
Person	FL, 33730	Person					
□Other	,	□Other		Other			
□Manager	Name:	□Manager	Name:				
□Member	Address:	□Member	Address:				
□Authorized		□Authorized					
Person		Person					
□Other	Other	□Other		□Other			
□Manager	Name:	□Manager	Name:				
□Member	Address:	□Member	Address:				
□Authorized		□Authorized					
Person		Person					
□Other	[jOther	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 fellows as provided for in s.817.155. F.S.							



## COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF STATE

02/08/2021

#### TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT.

H & L Properties LLC

is duly registered as a Pennsylvania Limited Liability Company under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written

become W. Desres

Acting Secretary of the Commonwealth

Certification Number: TSC210208121182-1

Verify this certificate online at http://www.corporations.pa.gov/orders/verify