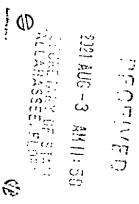
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(Re	equestor's Name)	
(Ac	ddress)	
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(Ci	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bı	usiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	Certificate:	s of Status
Special Instructions to	Filing Officer.	

Office Use Only



800369898978





CORPORATION SERVICE COMPANY 1201 Hays Street Tallbassee FL 32301

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195
REFERENCE : 940912 7611082
AUTHORIZATION Spreaklena
COST LIMIT : \$ 160.00
ORDER DATE : August 2, 2021
ORDER TIME : 9:43 AM
ORDER NO. : 940912-005
CUSTOMER NO: 7611082
FOREIGN FILINGS
NAME: 111 HG MULTIFAMILY LLC
XXXX QUALIFICATION (TYPE: LL)
AAAA QUALIFICATION (TYPE: <u>LL</u>)
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
XX CERTIFIED COPY PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING
CONTACT PERSON: Eyliena Baker EXT#

EXAMINER:

COVER LETTER

III HG Multifamily LLC		
N	Name of Limited Liability Company	
nclosed "Application by Foreign Limited Liabil ence, and check are submitted to register the abo	lity Company for Authorization to Transact Business in Florida," Certific ove referenced foreign limited liability company to transact business in F	
e return all correspondence concerning this matt	ter to the following:	
Bradford D West		
	Name of Person	
West PLC		
	Firm/Company	
174 W Comstock Ave, Suite 105		
	Address	
Winter Park, FL 32789		
	City/State and Zip Code	
Brad.West@WestPLC		
E-mail address: (to	be used for future annual report notification)	
ther information concerning this matter, please	call:	
Bradford D West	407 579-5459 at ()	
Name of Contact Person	Area Code Daytime Telephone Number	
	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810	

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: 111 HG Multifamily 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,") Delaware 87-1961387 (Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable) (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 174 W Comstock Ave., Suite 111 174 W Comstock Ave., Suite 111 (Street Address of Principal Office) (Mailing Address) Winter Park, FL 32789 Winter Park, FL 32789 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Corporation Service Company Name: 1201 Hays St Office Address: Tallahassee Florida (City) 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.

Title or Capacity:	Name and Address:	Title or Capacity	<u>y:</u>	Name and Address:
□Manager	Name:	□Manager	Name:	
■Member	Address: 174 W Comstock Ave, # 111	■Member		
□Authorized	Winter Park, FL 32789	□Authorized		
Person				
Other	Other	□Other		
□Manager	Name:	□Manager	Name:	
□Member	Address:	_	Address: _	
□Authorized		□Authorized		
Person		Person		
□Other	Other	Other		Other
⊐Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	
DAuthorized		□Authorized		
Person		Person		
□Other	Other	□Other		□Other
. Attached is a certiurisdiction under the fine translator must 0. This document is	se an attachment to report more than six (6) may be added to the index when filing your ficate of existence, no more than 90 days of law of which it is organized. (If the certificate be submitted) executed in accordance with section 605.0 tent to the Department of State constitutes a	Florida Department of Stat Id, duly authenticated by the cate is in a foreign language (203 (1) (b), Florida Statutes	e Annual Rep e official having, a translation	ort form. Ig custody of records in the of the certificate under oath

Typed or printed name of signee

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "111 HG MULTIFAMILY 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 THIRD DAY OF AUGUST, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "111 HG MULTIFAMILY LLC" WAS FORMED ON THE THIRTIETH DAY OF JULY, A.D. 2021.

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

Authentication: 203825483

Date: 08-03-21

6130716 8300 SR# 20212871366