Florid Department of State
Division of Corporations
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To:

Division of Corporations

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: (850)617-6383

From:

Account Name : INCORP SERVICES INC

Account Number : I20120000007 Phone : (702)866-2500

Fax Number : (702)900-2290

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Email Address: documents@incorp.com

Foreign Limited Liability Company HSC Lehigh Acres, LLC

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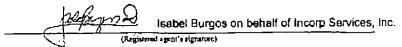
COVER LETTER

SUBJECT:	HSC Lehigh Acres, LLC			
	Name	of Limited Liability Company		
The enclosed Existence, an	"Application by Foreign Limited Liability C d check are submitted to register the above re	Company for Authorization to Transact Business in Florida," Certificate of eferenced foreign limited liability company to transact business in Florida		
Please return	all correspondence concerning this matter to	the following:		
	Kim Barajas			
		Name of Person		
	InCorp Services, Inc.			
		Firm/Company		
	3773 Howard Hughes Pkwy.	Suite 500S		
		Address		
	Las Vegas, NV 89169-6014			
	Ci	ity/State and Zip Code		
	documents@incorp.com			
	E-mail address: (to be	used for future annual report notification)		
For further in	formation concerning this matter, please cal	l :		
Kim Barajas	on behalf of InCorp Services,	Inc. 800-246-2677		
<u> </u>	Name of Contact Person	Area Code Daytime Telephone Number		
	ling Address:	Street Address:		
Registration Section		Registration Section		
Division of Corporations		Division of Corporations The Centre of Tallahassee		
P.O. Box 6327		2415 N. Monroe Street, Suite 810		
1 21	lahassee, FL 32314	Tallahassee, FL 32303		
Enc	losed is a check for the following amount: se make check payable to: FLORIDA DEP.	ARTMENT OF STATE		
	125.00 Filing Fee S130.00 Filing Pee			

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

HSC Lehigh Acres,	LLC			
(Name of Foreign	Limited Liability Company; must include "Litt	ifed Liability Comp	pany," "L.L.C.," or "LLC.")	
me umavailable, enter alternate n	sme adopted for the purpose of transacting besidess t	a Plorida. The alternat	e name own include "Limited List	bility Company," "L.L.C," or "L
llabama	nich foreign limited liability company is organized)	3	(FE) numbe	n, if applicable)
(100,000 to 000 to 00 to 01 mil	State foreign series around conduct a measuremy		(FEE RESIDE	of w =blaceses)
08/05/2021				
00/03/2021	(Date tirst transacted business in Florida, if prio (See acctions 605.0904 & 605.0925, F.S. to den	to registration.)		·····
	(See acctions 603,0904 & 603,0935, F.S. to den	move becaute pepular	ħ	
805 Trione Ave		6 805	Trione Ave	
et Address of Principal Office)		·	(Mailing Address)	
DL Al GOTOR		Dar	ihne, AL 36526	
Daphne, AL 36526	_ 	nat	irine, AL 30320	
		_		
	and it is considerable and an or	NOT	bla	ALLAN
Name and atreet addres	s of Florida registered agent: (P.O. B	ox MOT acceb	table)	
				705.
Name:	InCorp Services, Inc.			Š.
ramo.			~	
Office Address:	17888 67th Court North			ا نسر
Other Addices.			-	(五)
	Loxahatchee		. Florida 33470	E
	(City)		(Zip code)	

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.



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: Hayrnes S Snedeker	□Manager	Name:	
Member	Address:	□Member	Address: _	
□Authorized	805 Trione Ave	□Authorized		
Person	Daphne, AL 36526	Person		
Other	Other	□Other	·	□Other
□Manager	Name:	□Manager	Name:	- 12 - A
□Member	Address:	□Member	Address: _	
□Authorized		□Authorized		
Person		Person		
□Other	Other	☐ Other		□Other ☐ · · · ·
☐ Manager	Name:	□Man2ger	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. 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, P.S.

War.	4	5
~		Signatuse of an authorized person
	\	
Науп	ies S Snedeker	

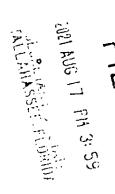
Typed or printed name of signee

John H. Merrill Secretary of State P.O. Box 5616 Montgomery, AL 36103-5616

STATE OF ALABAMA

I, John H. Merrill, Secretary of State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that

the entity records on file in this office disclose that HSC Lehigh Acres, LLC was formed in Alabama, Alabama on August 5, 2021. The Alabama Entity Identification number for this entity is 876-684. I further certify that the records do not disclose that said entity has been dissolved, cancelled or terminated.





20210817000014742

In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the city of Montgomery, on this day.

08/17/2021

Date

X 74. Merill

John H. Merrill

Secretary of State