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Division of Corporations

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Florida Department of State
Division of Corporations
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Foreign Limited Liability Company
HALTEN MANAGEMENT SERVICES (US) LLC

Certificate of Status	0
Certified Copy	1
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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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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:

1. HALTEN MANAGEMENT SERVICES (US) LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," 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," "LLC," or "LLC.")

2. CALIFORNIA 3. 87-0786095
(Jurisdiction under the law of which foreign limited liability company is organized) (LLC number, if applicable)

4. _____
(Date first transacted business in Florida, if prior to registration)
 (See sections 605.0904 & 605.0905, F.S., to determine penalty liability)

5. 8591 DYNASTY DRIVE 6. 8591 DYNASTY DRIVE
(Street address of Principal Office) (Mailing Address)

BOCA RATON, FL 33433

BOCA RATON, FL 33433

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: BRIAN JAECCI

Office Address: 8591 DYNASTY DRIVE

BOCA RATON, Florida 33433
(City) (Zip code)

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.

Brian Jaeggi
(Registered agent's signature)

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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]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: <u>BRIAN JAEGGI</u>	<input type="checkbox"/> Manager	Name: <u>IRINA JAEGGI</u>
<input checked="" type="checkbox"/> Member	Address: <u>8591 DYNASTY DRIVE</u>	<input checked="" type="checkbox"/> Member	Address: <u>8591 DYNASTY DRIVE</u>
<input type="checkbox"/> Authorized	<u>BOCA RATON, FL 33433</u>	<input type="checkbox"/> Authorized	<u>BOCA RATON, FL 33433</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	Name: _____	 <input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	Name: _____	 <input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> 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, F.S.

Brian Jaeggi
Signature of an authorized person

BRIAN JAEGGI

Typed or printed name of officer

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Secretary of State Certificate of Status

I, SHIRLEY N. WEBER, Ph.D., Secretary of State of the State of California, hereby certify:

Entity Name: HALTEN MANAGEMENT SERVICES (US) LLC
File Number: 20172681C062
Registration Date: 09/22/2017
Entity Type: DOMESTIC LIMITED LIABILITY COMPANY
Jurisdiction: CALIFORNIA
Status: ACTIVE (GOOD STANDING)

As of September 29, 2021 (Certification Date), the entity is authorized to exercise all of its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the Certification Date and does not reflect documents that are pending review or other events that may affect status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of September 30, 2021.

A handwritten signature in black ink, appearing to read "S. N. Weber".

SHIRLEY N. WEBER, Ph.D.
Secretary of State

Certificate Verification Number: ZVW5LQY

To verify the issuance of this Certificate, use the Certificate Verification Number above with the Secretary of State Certification Verification Search available at bizfile.sos.ca.gov/certification/index.

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