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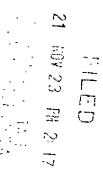
| (Re | equestor's Name) | |
|-------------------------|--------------------|-------------|
| (Ac | ldress) | |
| (Ac | ldress) | |
| (Cit | ty/State/Zip/Phone | e #) |
| PICK-UP | MAIT | MAIL |
| (Bu | isiness Entity Nan | ne) |
| (Do | ocument Number) | |
| Certified Copies | Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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T. LEMIEUX

COVER LETTER

| | egistration Section ivision of Corporations | | | | | |
|---------------------------|--|--|--|--|--|--|
| SUBJECT | HF 2020 LLC | | | | | |
| oonone. | • | Name of Limited Liability Company | | | | |
| The enclose Existence, | ed "Application by Foreign Limited I and check are submitted to register th | Liability Company for Authorization to Transact Business in Florida," Certificate of the above referenced foreign limited liability company to transact business in Florida. | | | | |
| Please retui | m all correspondence concerning this | smatter to the following: | | | | |
| | Robert Charal | | | | | |
| Name of Person | | | | | | |
| | HF 2020 LLC | | | | | |
| | | Firm/Company | | | | |
| | 2221 Camden Court Suite 20 | 00 | | | | |
| | | Address | | | | |
| | Oak Brook Illnois 60523 | | | | | |
| | | City/State and Zip Code | | | | |
| | rcharal@icred.com | | | | | |
| | E-mail addre | ss: (to be used for future annual report notification) | | | | |
| For further | information concerning this matter, p | lease call: | | | | |
| Ro | bert Charal | 630 560-8047 | | | | |
| | Name of Contact Perso | | | | | |
| Re Di P. | egistration Section vision of Corporations O. Box 6327 Illahassee, FL 32314 | Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 | | | | |
| Ple | closed is a check for the following are tase make check payable to: FLORII \$125.00 Filing Fee | nount: DA DEPARTMENT OF STATE | | | | |

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

| | USINESS IN THE STATE OF FLORIDA: | | | | |
|--|--|----------------------|----------------------------------|-----------------------|------------------|
| HF 2020 LLC | Limited Liability Company; must include "Limite | ar takilio Cam | pany"" I C "as "I C " | | <u> </u> |
| HFamily 2020 LLC | Emmed Elability Company, must medial Elimite | d Liability Com | рану, Е.Е.С., 10 ЕСС.) | | |
| (If name unavailable, enter alternate | name adopted for the purpose of transacting business in F | lorida. The alterna | te name must include "Limited Li | ability Company," "1. | L.C." or "LLC.") |
| Illinois | | 85- | 3078866 | | |
| (Jurisdiction under the law of v | which foreign limited liability company is organized) | J | (FEI numb | er, it applicable) | |
| | | | | ; | |
| 4 | (Date first transacted business in Florida, if prior to | registration \ | - | | |
| | (Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determ | ine penalty liabilit | y) | | |
| 2100 N. Ocean Bouley 5 | | | Camden Court | | |
| 5. (Street Address of Principal Office) | | 0 | (Mailing Address) | | |
| Suite 28A | | Suite | 200 | | |
| Fort Lauderdale, Florid | la 33305 | Oak | Brook, Illnois 60523 | 21 | |
| 7. Name and street address | ss of Florida registered agent: (P.O. Box | NOT accep | table) | KOV 23 | |
| Name: | Michael Halikias | | - | PM 2: | Ö |
| Office Address: | 2100 N. Ocean Boulevard Suite 28A | 28A | | 17 | |
| | Fort Lauderdale, Florida | | 33305 . Florida | | |
| | (City) | , , | (Zip code) | | |
| Registered agent's accep | itance; | | | | |
| designated in this applica to comply with the provisi | gistered agent and to accept service of pation, I hereby accept the appointment actions of all statistics relative to the proper s of my position as registered agent. | s registered a | igent and agree to act i. | n this capacity | I further agree |
| | 101 | | | | |
| | (Registered agent's | signature) | | | |

| Title or Capacity: ☐Manager | Name and Address: Name: Michael Halikias | <u>Title or Capacity:</u> | Name and Address: Name: Robert Charal | | |
|---|--|---|--|--|--|
| □Member | Address: 2100 N. Ocean Boulevard | ■ Manager □ Member | 2221 Camdon Court | | |
| Authorized | Suite 28A | | Address: Suite 200 | | |
| Person | Fort Lauderdale, Florida 33305 | □ Authorized Person | Oak Brook, Illinois 60523 | | |
| □Other | - | | □ Other | | |
| ■Manager | Name: Patricia Halikias | ■Manager | Name: Aristotle Halikias | | |
| □Member | Address: 2221 Camden Court | □Member | Address: 2221 Camden Court | | |
| □Authorized | Suite 200 | □Authorized | Suite 200 | | |
| Person | Oak Brook, Illinois 60523 | Person | Oak Brook, Illinois | | |
| □Other | Other | □Other | Other | | |
| ⊐Manager | Name: | □Manager | Name: | | |
| □Member | Address: | □Member | Address: | | |
| JAuthorized | | □Authorized | | | |
| Person | | Person | | | |
| Other | Other | Other | ☐Other | | |
| ndexed individuals O. Attached is a certiurisdiction under the translator mus O. 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 old law of which it is organized. (If the certificate be submitted) see executed in accordance with section 605.02 ment to the Department of State constitutes a | Florida Department of State d, duly authenticated by the cate is in a foreign language, (1) (b), Florida Statutes | Annual Report form. official having custody of records in a a translation of the certificate under a translation of the certificate un | | |

Typed or printed name of ciones

File Number

0926502-3



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

HF 2020 LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON SEPTEMBER 1 1, 2020, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 9TH

day of NOVEMBER A.D. 2021

Authentication #: 2131302196 verifiable until 11/09/2022

Authenticate at: http://www.ilsos.gov

Desse White

SECRETARY OF STATE