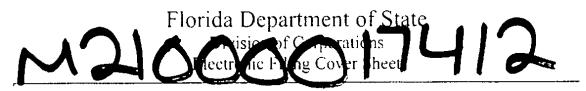
From: 17184082550 To: 18506176383

12/21/21, 3:52 PM

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : USACORP INC.
Account Number : 120130000019
Phone : (718)362-4789
Fax Number : (718)408-2550

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: director@usssops.us

Foreign Limited Liability Company HLGE LLC Certificate of Status Certified Copy Page Count Estimated Charge \$125.00

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DEC 29 2021

K. Brumbley

From:17184082550 To:18506176383

(((H210004640523)))

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

IN COMPLIANCE WITH SECTION 605,0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

name unavailable, enter alternate n	ame adopted for the purpose of transacting business in Flo	rida. The altern	ate name must include "Ennited Li	ability Company," "E.L.C," o	r "LLC."
New York	nich foreign timited liability company is organized)	3	(hh. aumb	er. () applicable)	_
THE STATE OF	nen piesta nimes izenini conpeni vooganiosi			··· · · · · ·	
	(Date first transacted business in Florida, it prior to n (See sections 605 0904 & 605,0905; F.S. to determin	egistration (ke penalty liabil	ıly)		
11111 Biscayne Blvd		6	III Biscayne Blvd (Mailing Address)		
Unit 2105			it 2105		
Miami Florida 33181		Mi	ami Florida (33181		
Name and street address	s of Florida registered agent: (P.O. Box	NOT acce	ptable)	2021 DEC SEGNEL FALL ARA	
Name:	Scott Garten			OEC 21 VELAIO AHASS	
Office Address:	H111 Biscayne Blvd Unit 2105			AH S	EO
	Miami		33181 , Florida	8: 02	

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.

/s/ Scott Garten	
 (Registered agent's signature)	

(((H210004640523)))

8.	For initial indexing purposes, I	ist names, title or c	apacity and addresses	of the primary	members/managers or	persons	authorized to
m	inage [up to six (6) total]:						

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
■Manager	Name: Scott Garten	□Manager	Name: Danielle Garten Chafee
□Member	Address:Blvd	Member	Address: 1032 Calle Parque Drive
□Authorized		□Authorized	El Passo Texas 79912
Person	Miami Florida 33181	Person	
Other	Other	□Other	Other
■Manager	Name:	□Manager	Name: Alison Schlanger
□Member	Address:	■Member	Address: 14 lynn Road
□Authorized	Miami Florida 33181	□Authorized	Port Washington NY 11050
Person		Person	
□Other	Other	□Other	Other
□Manager	Name:	□Manager	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, F.S.

Signature of an authorized person			
Scott Garten			

From: 17184082550 To: 18506176383

(((H21000464052 3)))

STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

1, ROBERT J. RODRIGUEZ, Acting Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

Entity Name: HLGE LLC
DOS ID Number: 5392231

Entity Type: DOMESTIC LIMITED LIABILITY COMPANY

Entity Status: EXISTING
Date of Initial Filing with DOS: 08/13/2018

Statement Status: CURRENT Statement Due Date: 08/31/2022

No information is available from this office regarding the financial condition, business activity or practices of this entity.



WITNESS my hand and official seal of the Department of State, at the City of Albany, on December 21, 2021 at 03:22 P.M.

ROBERT J. RODRIGUEZ, Acting Secretary of State

Brandon C Heylan

By Brendan C. Hughes Executive Deputy Secretary of State

Authentication Number: 100000809544 To Verify the authenticity of this document you may access the Division of Corporation's Document Authentication Website at http://ecorp.dos.ny.gov