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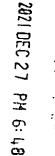
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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S. FRANKLIN JAN 3 - 2022

COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJE	Hooper, L.L.C.		
2012012		ne of Limited Liability Company	
		Company for Authorization to Transact Business in Florie referenced foreign limited liability company to transact b	
Please r	return all correspondence concerning this matter	to the following:	
	Michael Hooper		
		Name of Person	
	Hooper, LLC		
		Firm/Company	
	PO Box 714		
		Address	atra-skelder
	Tampa FL 33601		2021 DEC 27
	City/State and Zip Code	一 民 一	
	mike@rentthebay.com		· -
	E-mail address: (to b	be used for future annual report notification)	P 1
For furt	her information concerning this matter, please co	all:	PH 6: 48
Michael Hooper		813 468-0880	', co
	Name of Contact Person	Area Code Daytime Telephone Number	 er
Mailing Address: Registration Section Division of Corporations P.O. Box 6327		Street Address:	
		Registration Section	
		Division of Corporations	
		The Centre of Tallahassee 2415 N. Monroe Street, Suite 810	
	Tallahassee, FL 32314	Tallahassee, FL 32303	
	Enclosed is a check for the following amount: Please make check payable to: FLORIDA DE \$125.00 Filing Fee \$130.00 Filing F Certificate	ee & 🔲 \$155.00 Filing Fee & 🔲 \$160.00 Filing F	Fee, Certificate Certified Copy

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

IN COMPLANCE WITH SECTION 605,0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(If name unavailable, enter alternate	name adopted for the purpose of transacting business in Flo	rida. The alternate name must include	"Limited Liability Company," "L.L.C,"	or "LLC.")	
Missouri 2.		43-1729458 3.			
2. (Jurisdiction under the law of which foreign limited liability company is organized)		3. (FEI number, if applicable)			
12-29-2021					
4	(Date first transacted business in Florida, if prior to re (See sections 605,0904 & 605,0905, F.S. to determin	gistration.) c penalty liability)			
Gibbons Newman		Hooper, LLC			
5. (Street Address of Principal Office)		(Muiling Address)			
3321 Henderson Blvd		PO Box 714			
Tampa FL 33609		Tampa FL 33601	2021 DE		
7. Name and street addre	ss of Florida registered agent: (P.O. Box	NOT acceptable)	C21		
Name:	Gibbons Newman		ىن. ئىرى (ية كن آرو	
Office Address:	3321 Henderson Blvd		<u></u>	س	
	Татра	, Florida	509		
	(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.

(Registered agent's signature)

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	<u>Addres</u>	<u>is:</u>
■Manager	Name: Michael Hooper	Manager	Name:	Leigh Hoor —-	er	
□Member	Address: PO Box 714	□Member	Address: PO	Box 714		
■Authorized	Tampa FL 33601	□Authorized	Tampa FL 33	3601		
Person		Person				
□Other	□Other	□Other		□Other	<u> </u>	
□Manager	Name:	□Manager	Name:			
□Member	Address:	□Member	Address:			
□Authorized		□Authorized				
Person		Person				
Other	□Other	□Other		□Other	₽	<u> </u>
					2021 DEC	[]
□Manager	Name:	□Manager	Name:		~~	1
□Member	Address:	□Member	Address:	<u> </u>		Fire
□Authorized		□Authorized			6:	The said
Person		Person			Č#)	
□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

Michael Houne

Typed or printed name of signee

STATE OF MISSOUR



John R. Ashcroft Secretary of State

CORPORATION DIVISION
CERTIFICATE OF GOOD STANDING

I, JOHN R. ASHCROFT, Secretary of State of the STATE OF MISSOURI, do hereby certify that the records in my office and in my care and custody reveal that

HOOPER, L.L.C. LC0005533

was created under the laws of this State on the 6th day of December, 1995, and is active, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the GREAT SEAL of the State of Missouri. Done at the City of Jefferson, this 22nd day of December, 2021.

Secretary of State

Certification Number: CERT-12222021-0080





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

HOOPER, L.L.C., A MISSOURI LIMITED LIABILITY COMPANY HAVING OBTAINED ADMISSION TO TRANSACT BUSINESS IN ILLINOIS ON OCTOBER 03, 2008, UNDER THE ASSUMED NAME OF HOOPER IN EFFINGHAM, L.L.C., APPEARS TO HAVE COMPLED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A FOREIGN LIMITED LIABILITY COMPANY ADMITTED TO TRANSACT BUSINESS 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 26TH day of OCTOBER A.D. 2021.

Authentication #: 2129903740 verifiable until 10/26/2022

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

Desse White

SECRETARY OF STATE