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#### **COVER LETTER**

Registration Section Division of Corporations

TO:

SUBJECT: H2M2, LLC			
Name of Limited I	Jiability Company		
The enclosed "Application by Foreign Limited Liability Company for A Existence, and check are submitted to register the above referenced for			
Please return all correspondence concerning this matter to the following	g:		
Kevin Hayden			
Name of Po	erson		
H2M2, LLC			
Firm/Comp	pany		
150 Wedgewood Dr. W			
Address			
Montgomery, TX 7735	56		
City/State and 7	Zip Code		
Kevinleehayden@aol.d	com		
E-mail address: (to be used for futu	re annual report notification)		
For further information concerning this matter, please call:			
Kevin Hayden at (9	70 215-5960		
Name of Contact Person A	rea Code Daytime Telephone Number		
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		
Enclosed is a check for the following amount:	OF STATE		
Please make check payable to: FLORIDA DEPARTMENT  \$125.00 Filing Fee \$130.00 Filing Fee & \$	\$155.00 Filing Fee & \$\foxed{\mathbb{X}}\$\$ \$160.00 Filing Fee, Certificate		
Certificate of Status	Certified Copy of Status & Certified Copy		

## 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: (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") Seaview Sunrise, LLC (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C," or "L.L.C.") urisdiction under the law of which foreign limited liability company is organized) (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 150 Wedgewood Dr. W 6. 150 Wedgewood Dr. W Montgomery TX 77356 Montgomery TX 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Registered Agents Inc. Name: 7901 4th St N STE 300 Office Address: St. Petersburg

#### 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 Address: Name: Kevin Hayden Name: Amy Hayden Manager ☐ Manager Address: 150 Wedgewood Dr. W Address: 150 Wedgewood Dr. W Member Member 1 Montgomery, TX 77356 Montgomery, TX 77356 **⊠**Authorized M Authorized Person Person Other Other\_\_\_\_ Other\_\_\_\_ Other Manager Name: Manager ■ Member Member Address: \_\_\_\_\_ Address: Authorized Authorized Person Person Other\_\_\_ Other\_\_\_\_ Other\_\_\_\_ Other Manager ■ Manager Name: ☐ Member ☐ Member Address: Address: \_\_\_\_\_\_\_ ☐ Authorized Authorized Person Person Other\_\_\_\_ Other\_\_\_\_ Other Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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.

Typed or printed name of signee

Kevin Hayden

# OFFICE OF THE SECRETARY OF STATE OF THE STATE OF COLORADO

### CERTIFICATE OF FACT OF GOOD STANDING

I, Jena Griswold, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office.

H2M2, LLC

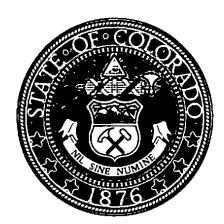
is a

#### Limited Liability Company

formed or registered on 12/29/2003 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20031408176.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 01/05/2022 that have been posted, and by documents delivered to this office electronically through 01/06/2022 @ 19:49:43.

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver, Colorado on 01/06/2022 @ 19:49:43 in accordance with applicable law. This certificate is assigned Confirmation Number 13701458



Secretary of State of the State of Colorado

\*\*\*\*\*\*\*\*\*\*\*End of Certificate\*\*

Notice: A certificate issued electronically from the Colorodo Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Validate a Certificate page of the Secretary of State's Web site, http://www.sos.state.co.us/biz/Certificate/SecretiCriteria.do/entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, http://www.sos.state.co.us/click "Businesses, trademarks, trade names" and select "Frequently Asked Questions."