

M 22000002255

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

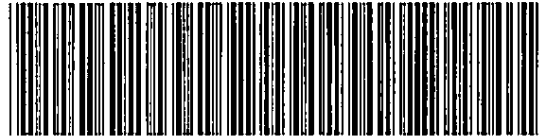
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2022 JAN 31 AM 10:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HSQUARE REALTY, LLC
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

PRINCESS D. HOLMES
Name of Person

NOT applicable
Firm/Company

9256 CANTAL CIRCLE E
Address

PARKLAND, FL 33076
City/State and Zip Code

h2secretary@hsquarerealty.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Princess Holmes at (954) 868-3540
Name of Contact Person Area Code Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy ☒ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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

IN COMPLIANCE WITH SECTION 600.06, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. HSQUARE REALTY, LLC
(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "LLC," or "L.L.C.")

If name does not include correct alternate name adopted for the purpose of transacting business in Florida, the alternate name must include "Limited Liability Company," "LLC," or "L.L.C."

2. STATE OF DELAWARE : 85-2603934
(Jurisdiction under the laws of which the foreign limited liability company is organized) (Taxpayer identification number)

3. NOT APPLICABLE - PENDING REGISTRATION
(State first transacted business in Florida, if prior to registration -
This section is not applicable to companies that have not yet commenced business)

5. 11419-A W PALMETTO PARK RD 6. 11419-A W PALMETTO PARK RD
(Street address of first office) (Street address)
UNIT #970906 UNIT #970906
BUDA LATION, FL 33497 BUDA LATION, FL 33497

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

Name Business Filings Incorporated

Office Address 1200 South Pine Island Road

Plantation Florida 33324

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.

Brunna Gutter, Asst. Secretary

FILED
2022 JAN 31 AM 10:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

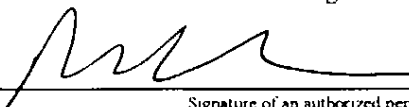
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

| <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>DANNY A. HOLMES</u> | <input type="checkbox"/> Manager | Name: | <u>PRINCESS D. HOLMES</u> | | |
| <input checked="" type="checkbox"/> Member | Address: | <u>9256 CANTALCIRCLE E</u> | <input checked="" type="checkbox"/> Member | Address: | <u>9256 CANTALCIRCLE E</u> | | |
| <input type="checkbox"/> Authorized Person | | <u>PARKLAND, FL</u> <u>33076</u> | <input type="checkbox"/> Authorized Person | | <u>PARKLAND, FL</u> <u>33076</u> | | |
| <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 Person | | _____ | <input type="checkbox"/> Authorized 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 Person | | _____ | <input type="checkbox"/> Authorized 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.



Signature of an authorized person
PRINCESS D. HOLMES

Typed or printed name of signer

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HSQUARE REALTY, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FOURTEENTH DAY OF JANUARY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HSQUARE REALTY, LLC" WAS FORMED ON THE SEVENTEENTH DAY OF AUGUST, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.



3458770 8300

SR# 20220129814

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JBULLOCK", written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 202399922

Date: 01-14-22