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(City/State/Zip/Phone #)

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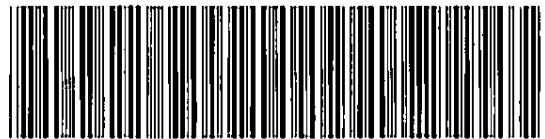
(Business Entity Name)

(Document Number)

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**1. HEARNS INVESTMENT GROUP LLC**

(CORPORATE NAME AND DOCUMENT #)

**2.**  
(CORPORATE NAME AND DOCUMENT #)

**3.**  
(CORPORATE NAME AND DOCUMENT #)

**4.**  
(CORPORATE NAME AND DOCUMENT #)

**5.**  
(CORPORATE NAME AND DOCUMENT #)

**6.**  
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL  
INSTRUCTIONS:**

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Hearn Investment Group 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:

Alejandro I. Velez, Esq.

\_\_\_\_\_  
Name of Person

VIA Lawyers

\_\_\_\_\_  
Firm/Company

3785 NW 82nd Avenue Suite 117

\_\_\_\_\_  
Address

Miami, Florida 33166

\_\_\_\_\_  
City/State and Zip Code

alex@vialawyers.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alejandro I. Velez, Esq.

305

425-1565

at ( )

\_\_\_\_\_  
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    ☐ \$120.00 Filing Fee    ☐ \$120.00 Filing Fee

**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:*

1. Hearns Investment Group LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "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 "LLC.")

2. North Carolina  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. \_\_\_\_\_  
(FEI number, if applicable)

4. 03/01/2022  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 2015 Ayrley Town Blvd, Suite 202  
(Street Address of Principal Office)

6. 2015 Ayrley Town Blvd, Suite 202  
(Mailing Address)

Charlotte, NC 28273  
Charlotte, NC 28273

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

Name: VIA Lawyers

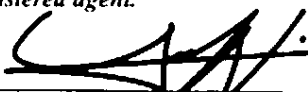
Office Address: 3785 NW 82nd Avenue Suite 117

Miami  
(City)

Florida 33166  
(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:**

☐ Manager              Name: Marvin Hearn

☒ Member              Address: 2015 Aysley Town Blvd, Suite

☐ Authorized              Charlotte, NC 28273

Person

☐ Other                      ☐ Other

**Title or Capacity:**                      **Name and Address:**

☐ Manager              Name:

☐ Member              Address:

☐ Authorized

Person

☐ Other                      ☐ Other

☐ Manager              Name:

☐ Member              Address:

☐ Authorized

Person

☐ Other                      ☐ Other

☐ Manager              Name:

☐ Member              Address:

☐ Authorized

Person

☐ Other                      ☐ Other

☐ Manager              Name:

☐ Member              Address:

☐ Authorized

Person

☐ Other                      ☐ Other

☐ Manager              Name:

☐ Member              Address:

☐ Authorized

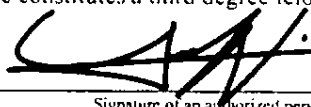
Person

☐ 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

Alejandro I. Velez, Esq. as authorized attorney for Hearn Investment Group LL

Typed or printed name of signee



# NORTH CAROLINA

## Department of the Secretary of State

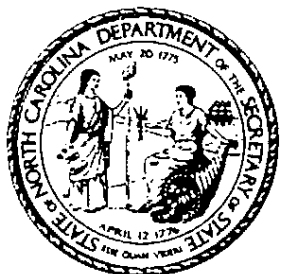
### CERTIFICATE OF EXISTENCE (Limited Liability Company)

I, ELAINE F. MARSHALL, Secretary of State of the State of North Carolina, do hereby certify that

### HEARNS INVESTMENT GROUP LLC

is a limited liability company duly formed, and existing under the laws of the State of North Carolina, having been formed on 2nd day of March, 2021

I FURTHER certify that, as of the date of this certificate, (i) the said limited liability company is not dissolved under the terms of its articles of organization, (ii) the said limited liability company's articles of organization are not suspended for failure to comply with the Revenue Act of the State of North Carolina, (iii) that said limited liability company is not administratively dissolved for failure to comply with the provisions of the North Carolina Limited Liability Company Act, (iv) that this office has not filed any decree of judicial dissolution, articles of dissolution, articles of merger, or articles of conversion for said limited liability company.



Scan to verify online.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 18th day of February, 2022.

*Elaine F. Marshall*

Secretary of State