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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name

: INCORP SERVICES INC

Account Number : I20120000007

Phone

: (702)866-2500

Fax Number

: (702)900-2290

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

Email Address: documents@incorp.com

Foreign Limited Liability Company HSC Fort Myers South, LLC

Certificate of Status	0
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Page Count	04
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K. SALY

JUN 3 0 2022

COVER LETTER

	Registration Division of (i Section Corporations			
SUBJEC	T: HSC	Fort Myers Sou	ith, LLC		
			Name of	Limited Liability Cor	npany
Existence	, and check	are submitted to reg		enced foreign limited	on to Transact Business in Plorida," Certificate of liability company to transact business in Florids
i icase ica		Marlene Caldero	•	tonowing.	
			N	ame of Person	
	1	nCorp Services, Ir	nc.		
			P	rm/Company	<u> </u>
	3	3773 Howard Hu	ighes Pkwy. • Sui	te 500S	
	-			Address	
	ι	as Vegas, NV 8	9169-6014		
			City/S	tate and Zip Code	
	doc	uments@Incorp.	.com		
		E-mai	il address: (to be use	d for future annual re	port notification)
For furthe	r informatio	n concerning this n	natter, please call:		
Marlene Ca	alderon	on behalf of InC	Corp Services, Inc	800-246-267	7
-		Name of Conta	ict Person	Area Gode	Daytime Telephone Number
F	Mailing Add Registratio Division o			Street Address: Registration Sect Division of Corp	
P.O. Box 6327 The Centre of Tallahassee		allahassee			
7	Fallahasse	e, FL 32314		2415 N. Monroe Tallahassee, FL.	Street, Suite 810 32303
P		• •	~	IMENT OF STATE \$155.00 Filing tus Certified	Fee & 🔲 \$160.00 Filing Fee, Certificate

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

	SINESS INTHE STATE OF FLORIDA:		
1. HSC Fort Myers S	outh, LLC		
(Name of Foreign	Limited Liability Company, quest include "Limited	Liabs)ity Company," "L.L.C.," or "LLC.")	
			_
(If name unavailable, corer alternate	name adopted for the purpose of transacting business in Flor	rids. The alternate name mast include "Limited I	lability Company," "L.L.C," or "LLC.")
2. Alabama		3. 88-292 1341	
	hich foreign limited liability company is organized)		ber, if applicable)
4. 8/22/2022	(Data Cari Wangara) berlandaria Planda II anno 19		
	(Date first insancted business in Florida, II prior to re (See sections 605.0904 & 605.0905, F.S. to determine	n penalty liability)	
5. 805 Trione St		2 805 Trione St	
(Suren Address of Prizelps) Office)		6. 805 Trione St	
Daphne, AL 36526		Doobna Al 96500	
Daphile, AL 30320		Daphne, AL 36528	
			2022 FAAL
		-	
7. Name and street address	s of Florida registered agent: (P.O. Box)	NOT acceptable)	UN 29 PH
			29 ASS
	InCom Condess Inc		
Name:	InCorp Services, Inc.		
	17888 67th Court North		PH 4: 30
Office Address:		·	<u> </u>
	Loxahatchee	33470	
	(City)	, Florida (Zip code)	
Registered agent's accep	tanca.		
	vance. gistered agent and to accept service of pr	nage for the shows wented times.	E-kilim sammanu -t thta

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.

Isabel Burgos on behalf of Incorp Services, Inc. (Registered exect's rigonome)

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

Title or Capacity:	Name and Address:	Title or Capacity:		Name and Address:	
□ Manager	Name: Howard Ray Hix Jr	□Manager	Name:		
Member	Address:	□Member	Address: _		
□ Authorized	805 Trione St	□ Authorized		·	
Person	Daphne, AL 36526	Person			
□Other	Other	Other		□ Other	
⊡Manageτ	Name:	□Manager	Name:	77- 2822	
□Member	Address:	□Member	Address: _		
☐ Authorized		☐ Authorized		75 72	
Person		Person		Fig. 2	
□Other	Other	□ Other		Orthor All Su	
☐Малаger	Name:	□Manager	Name:		
□Member	Address:	□Member	Address: _		
□ Authorized		☐ Authorized			
Person		Person			
□ Other	□Other	□Other		Other	

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 follows as provided for in \$.817.155, F.S.

the of an authorized person Howard Ray Hix Jr

Typed or printed name of signer

John H. Merrill Secretary of State P.O. Box 5616 Montgomery, AL 36103-5616

STATE OF ALABAMA

I, John H. Merrill, Secretary of State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that

the entity records on file in this office disclose that HSC Fort Myers South, LLC was formed in Alabama, Alabama on June 22, 2022. The Alabama Entity Identification number for this entity is 001-026427. I further certify that the records do not disclose that said entity has been dissolved, cancelled or terminated.

2022 JUN 29 PM 4: 30



20220628000018876

In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the city of Montgomery, on this day.

06/28/2022

Date

X. W. Merill

John H. Merrill

Secretary of State