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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : HARVARD BUSINESS SERVICES, INC.

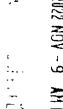
Account Number : 120080000045 Phone : (302)645-7400 : (302)645-1280 Fax Number

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

Email Address:

Foreign Limited Liability Company HF0 GP, LLC

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APPLICATION BY FO	REIGN LIMITED LIABI	LITY COMPANY IN FLORID		RIZATION TO	FRANSACT	BUSINESS
IN COMPLIANCE WITH SECT COMPANY TO TRANSACT BUS	TON 605.0002, FLORIDA STATI SINESS INTHE STATE OF FLOR	TEX THE FOLLOW RIDA:	NG IS SUBMITTE) TO REGISTER A I	OREKIN IJMI	TED 124BILITY
, HF0 GP, LLC						
[Name of Foreign I	annted Liability Company, must a	nclude "Limited Liabili)	y Company, L. I. C	," or "LLC")		
(If name unavailable, enter alternate na	nine adopted for the purpose of transact	ing business in Clorida. The	alternate name must in-	clude "Lamited Liability"	Company, "L. L.C.	," ec"LLC ")
Delaware		3				
Units diction under the law of wh	nch foreign hunted hability company is	Organized)	·	(1 lat mimber, it a)	plicable)	
4.					-	
	(Date liest transported luminess in t (See sections 605 0904 & 605 090	lorida, il prior lo registratio 15, F.S. to determine penali	e grapojuža ou j			
4619 Madison St		,	4619 Madison			
5. (Street Address of Principal Office)	· · · · · · · · · · · · · · · · · · ·		(Mailing Addr	(17)		
Hollywood, FL 33021			Hollywood, FL	. 33021	*	20
						72 *
					·	<u>. 5</u>
7. Name and street address	s of Florida registered agen	t: (P.O. Box <u>NOT</u>	_acceptable)			2012 NON - 9 AM 11: 2
Name:	Dave Fontenot				- Ch	11: 29
Office Address:	4619 Madison St		<u> </u>		·	
	Hollywood		, Florida	33021	_	
		Suy I		(Zqr code)		
designated in this applicate comply with the provis-	stance: egistered agent and to accept tion, I hereby accept the ag ions of all statutes relative s of my position as register	opointment as regi: to the proper and G	dered agent and	agree to act in tu	их сирасих. Э	Juriner agre

(Registered agent's tignature)

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Name and Address:	Title or Capacity:	Name and Address.
Name: Emily Liu	□Manager	Name: Evan Stites-Clayton
Address: 4619 Madison St	≣Member	Address: 4619 Madison St
Hollywood, Ft. 33021	□Authorized	Hollywood, Ft. 33021
	Person	
□Other	Other	Other
Name:	□Manager	Name:
	□Member	Address:
Hollywood, FL 33021	□Authorized	
	Person	
Other	□Other	Other
Name:	□Manager	Name:
Address:	□Member	Address:
	□Authorized	
	Person	
Other	□Other	Other
	Hollywood, Ft. 33021 Dave Fontenot Name: 4619 Madison St Hollywood, Ft. 33021 Dother Name: Address:	Hollywood, Fl. 33021 Person Other

Typed or printed name of signee

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<u>Delaware</u>

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "HFO GP, 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 NINTH DAY OF NOVEMBER, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HFO GP, LLC" WAS FORMED ON THE TWENTY-FIRST DAY OF OCTOBER, A.D. 2022.

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

7097197 8300

SR# 20223977576

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

Authentication: 204817071

Date: 11-09-22