M2300001208

· · · · · · · · · · · · · · · · · · ·
<u> </u>
MAIL MAIL

Status

Office Use Only



800400728888

2023 JAN 30 PM

APPROVED

PRINCE TO STATE OF THE STATE OF

CHAINCH LE

MH 30 2023

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 419068 7837149

AUTHORIZATION : Contained to the co

NAME: HRS, LLC

XXXX QUALIFICATION (TYPE: <u>LL</u>)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER:

COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT:	HRS, LLC	
Sobster.	Name	of Limited Liability Company
		Company for Authorization to Transact Business in Florida," Certificate of referenced foreign limited liability company to transact business in Florida.
Please return	all correspondence concerning this matter to	the following:
	Corey Strauss	
		Name of Person
	HRS Management, LLC	
		Firm/Company
	404 Washington Ave, Suite 700	
		Address
	Miami Beach, FL 33139	
	C	ty/State and Zip Code
	cstrauss@hrsmgmt.com	
	E-mail address: (to be	used for future annual report notification)
For further in	nformation concerning this matter, please cal	l:
Cor	ey Strauss	332 2573294 at ()
	Name of Contact Person	at () Area Code Daytime Telephone Number
	ling Address:	Street Address:
•	gistration Section Fision of Corporations	Registration Section Division of Corporations
). Box 6327	The Centre of Tallahassee
	lahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Plea	losed is a check for the following amount: use make check payable to: FLORIDA DEP. 125.00 Filing Fee S130.00 Filing Fee Certificate o	& 🗆 \$155.00 Filing Fee & 🗆 \$160.00 Filing Fee, Certificate

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

IN COMPLIANCE WITH SECTION 695,0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

if name unavailable, enter alternate r	name adopted for the purpose of transacting business in Flo	orida The al	ternate name must include "Limited Liab	odity Company," "L.L.C," or	FLI.C.")
Delaware (Jurisdiction under the law of which foreign limited liability company is organized)				; if applicable)	_
January 1, 2023					
	(Date first transacted business in Florida, if prior to a (See sections 605,0904 & 605,0905, F.S. to determine	egistration.) ne penalty li	ability)		
404 Washington Ave		6	104 Washington Ave		_
Suite 700			Suite 700		
Miami Beach, FL 3313	9	?	Miami Beach, FL 33139	202	_
. Name and street addres	s of Florida registered agent: (P.O. Box	NOT ac	ceptable)	JAN 30	- Fii
Name:	Corporation Service Company			P	<u> </u>
Office Address:	1201 Hays Street			2: 37	
	Tallahassee		, Florida 32301		

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.

Tyler Gates
(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: Evan Zemsky Frank Marra □Manager □Manager Address: 600 Madison Ave 600 Madison Ave Address: □Member □ Member 26th Floor 25th Floor ☐ Authorized □ Authorized New York, NY 10022 New York, NY 10022 Person Person President Other_ Vice President □Other □Other____ Name: Corey Strauss □Manager □Manager Name: 404 Washington Ave □Member Address: □Member Address: ______ Suite 700 ■Authorized ☐ Authorized Miami Beach, FL 33139 Person Person □Other □Other □Other ____ Other □Manager □Manager Name: ______ ☐Member Address: _____ ___ ____ ☐ Member Address: ☐ Authorized ☐ Authorized Person Person □Other_____ □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

Corev Strauss



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

DELAWARE, DO HEREBY CERTIFY "HRS, 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 TWENTY-SEVENTH DAY OF JANUARY, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HRS, LLC" WAS FORMED ON THE FOURTH DAY OF NOVEMBER, A.D. 2010.

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



Authentication: 202594612

Date: 01-27-23