

M23000001765

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

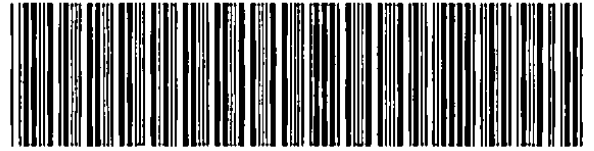
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900400667569

01/30/23--01020--023 **160.00

2023 FEB 10 30 P.M.

S. FRANKLIN

FEB 10 2023

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: HIPPLE DIPPLE, 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:

JONATHAN A. EWING, ESQ.

Name of Person

AERO LAW CENTER

Firm/Company

1100 LEE WAGENER BOULEVARD, SUITE 211

Address

FORT LAUDERDALE, FLORIDA 33315

City/State and Zip Code

SERVICE@AEROLAWCENTER.COM

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

For further information concerning this matter, please call:

JONATHAN A. EWING, ESQ.

954

400-4643

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

2017
 3/1/17

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

IN COMPLIANCE WITH SECTION 605.0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1 HIPPLE DIPPLE, 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.")

DELAWARE

2. (jurisdiction under the law of which foreign limited liability company is organized)

92-1608392

3. _____ (FEI number, if applicable)

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

214 3RD STREET, UNIT D

5. _____
(Street Address of Principal Office)

FORT MEYERS, FLORIDA 33907

214 3RD STREET, UNIT D

6. _____
(Mailing Address)

FORT MEYERS, FLORIDA 33907

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

Name: JONATHAN A. EWING, ESQ.

Office Address: 1100 LEE WAGENER BOULEVARD, SUITE 211

FORT LAUDERDALE, Florida 33315
(City) (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.

- DocuSigned by:

Jonathan A. Ewing

023808506CE44CD

(Registered agent's signature)

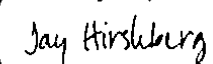
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: JAY HIRSHBERG	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: 214 3RD STREET, UNIT D	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	FORT MEYERS, FLORIDA 33907	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: JAY HIRSHBERG	<input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: 214 3RD STREET, UNIT D	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	FORT MEYERS, FLORIDA 33907	<input type="checkbox"/> Authorized	_____
Person	_____	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	_____	<input type="checkbox"/> Authorized	_____
Person	_____	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.

DocuSigned by:

 17A78FB058F64DB
 Signature of an authorized person
 JAY HIRSHBERG
 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 "HIPPLE DIPPLE 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-FOURTH DAY OF JANUARY, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HIPPLE DIPPLE LLC" WAS FORMED ON THE THIRD DAY OF JANUARY, A.D. 2023.

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

2023 JAN 24 PM 1:12




Jeffrey W. Bullock, Secretary of State

7216563 8300

SR# 20230234079

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

Authentication: 202559446

Date: 01-24-23