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Clovid Departmen of State

Division of Corporations

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Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

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

HARDWORK ENTERPRISES LIMITED LIABILITY COMPANY

TENT OF WED TO BE STATE STATE

| Certificate of Status | 0 |
|-----------------------|----------|
| Certified Copy | 0 |
| Page Count | 03 |
| Estimated Charge | \$125.00 |

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Corporate Filing Menu

Help

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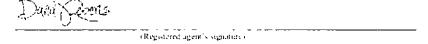
APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION (05.0802, FLORIDA STATUTES, THE FOLLOWING IN SUBMITTED TO REGISTER A FOREKON LIMITED LIABILITY COMPANYTOTRANSACT BUSINESS IN THE STATE OF FLORIDA:

| 1 | RISES LIMITED LIABILITY COMPANY | | | | |
|--------------------------------------|--|----------------------------|--|---------------------------|---------|
| (Name of Foreign | Limited Liability Company, must include "Limite | a Crabilio | s Company," "LTC," or "(LC") | | _ |
| Hardwork Enterprises Inte | ernational Limited Liability Company | | | | |
| dI name mavarlable, enter alternate | name adopted for the purpose of transacting business in I | lerida. Inc | ilternate name must include "Limited Liabi | ins Compans ""E.I. C." or | TLC ") |
| Connecticut | | 3. | 83-1735344 | | |
| (furisdiction under the law of w | buch toreren immed hability company is organized. | | il FI number, | if applicable) | _ |
| | | | | | |
| 4 | (Pate first transacted business in Florida (Tprior to (See sections nos 1994 & nos 1995; E.S. to determ | registration me penalty | talbilitat | _ | |
| 111 N Orange Ave Sui | ite 800 | 6. | 7901 4th St N STE 300 | | |
| (Street Address of Principal Office) | | *** | (Mailing Address) | | - |
| Orlando Florida 32801 | | | St. Petersburg FL 33702 | | |
| | | | | 1. 23 | |
| | | | | | _ ~ ~ } |
| 7. Name and street addres | ss of Florida registered agent; (P.O. Box | NOT : | accentable) | | 1 |
| | | | • | | . TT |
| Name: | Registered Agents Inc | | | ند: ب | ; F |
| Office Address. | 7901 4th St N STE 300 | | | · · · | · |
| | St. Petersburg | | , Florada 33702 | | |
| | (Cay) | | (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.



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: | <u>Title or Capacity:</u> | Name and Address: |
|--------------------|-------------------------|---------------------------|--------------------------|
| □Manager | Name: | □Manager | Joshua Hammond Name: |
| X Member | Address: 7901 4th St N | X Member | 7901 4th St N |
| □Authorized | St. Petersburg FL 33702 | []. Authorized | St. Petersburg Ft. 33702 |
| Person | | Person | |
| □Other | □Other | □ Other | □Other |
| | | | |
| □Manager | Name: | . [Minnager | Name: |
| []Member | Address: | E. Meinber | Address: |
| □ Anthorized | | ~ Authorized |) خ — بن—— —— بن |
| Person | | Person | |
| □Other | | □Other | [IOther_ |
| 1. Managara | Vance | N toursen se | V |
| ∟.Manager | Name: | , Manager | Name: |
| □Member | Address: | □Member | Address: |
| DAuthorized | | © Authorized | |
| Person | | Person | |
| E.Other | □Other | ∏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 outh 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, E.S.

Robin Jones

8/30/2023 11 50.£9 PDT - Tc: 18506176383 Page 4/4 From Registered Agents Inc Fax: 8134365206

Secretary of the State of Connecticut Certificate of Legal Existence

Certificate of Legal Existence Certificate

Date Issued: Wednesday, August 30, 2023 1:29 PM

I, the Connecticut Secretary of the State, and keeper of the seal thereof, do hereby certify, that the certificate of organization for the below domestic limited liability company was filed in this office.

A certificate of dissolution has not been filed, and so far, as indicated by the records of this office, such limited liability company is in existence.

Business Details

| Business Name | HARDWORK ENTERPRISES LIMITED LIABILITY COMPANY |
|----------------|--|
| Business ALEI | US-CT.BER:1285990 |
| Formation Date | 09/26/2018 |

Secretary of the State

Note: To verify this certificate, visit Business.ct.gov

Business ALEI: US-CT.BER: 1285990 Certificate Number: C-00105474

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