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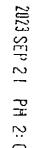
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FLORIDA DEPARTMENT OF STATE DÍVISION OF CORPORATIONS

Attached are the instructions to register a foreign limited liability company to transact business in Florida. The requirements are as follows:

Pursuant to s. 605.0902. Florida Statutes, the attached application must be completed in its entirety.

The foreign limited liability company **must** submit 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.

- The name of a limited liability company must be distinguishable on the records of the Florida Department of State. If the name of your limited liability company is not distinguishable on our records, you must adopt an alternative name to use in the state of Florida.
- The name of a limited liability company in the state of Florida must contain the words "Limited Liability Company," The abbreviation "L.L.C.," or the designation "LLC."

A preliminary search for name availability can be made on the Internet through the Division's records at www.sunbiz.org. Preliminary name searches and name reservations are no longer available from the Division of Corporations. You are responsible for any name infringement that may result from your name selection.

The fees to register are as follows:

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

> Important Information About the Requirement to File an Annual Report

All Foreign Limited Liability Companies must file an Annual Report yearly to maintain "active" status. The first report is due in the year following formation. The report must be filed electronically online between January 1st and May 1st. The fee for the annual report is \$138.75. After May 1st a \$400 late fee is added to the annual report filing fee. "Annual Report Reminder Notices" are sent to the e-mail address you provide us when you submit this document for filing. To file any time after January 1st, go to our website at www.sunbiz.org. There is no provision to waive the late fee. Be sure to file before May 1st.

A letter of acknowledgment will be issued free of charge upon registration. Please submit one check made payable to the Florida Department of State for the total amount of the filing fee and any optional certificate or copy.

A COVER letter should be submitted along with the application, certificate, and check. The mailing address and courier address are noted below.

Any further inquiries concerning this matter should be directed to the Registration Section by calling (850) 245-6051.

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

COVER LETTER

TO:

Registration Section Division of Corporations

	Name	e of Limited Liability Company
enclosed ". tence, and	Application by Foreign Limited Liability check are submitted to register the above	Company for Authorization to Transact Business in Florida," Certif referenced foreign limited liability company to transact business in
se return al	l correspondence concerning this matter to	o the following:
	Aaron Hellman	
		Name of Person
	Hexagon HR, LLC	
		Firm/Company
	538 Arlington Ave	
	, , , , , , , , , , , , , , , , , , ,	Address
	Lakewood NJ 08701	
	C	ity/State and Zip Code
	gordon.berger@fisherbroyles.com	
	E-mail address: (to be	e used for future annual report notification)
unher info	rmation concerning this matter, please cal	II:
Gordo	on M. Berger	470 412-0303
	Name of Contact Person	Area Code Daytime Telephone Number
Mailing Address: Registration Section		Street Address: Registration Section
	ion of Corporations	Division of Corporations
	Box 6327	The Centre of Tallahassee
i anai	hassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
	sed is a check for the following amount: make check payable to: FLORIDA DEP	PARTMENT OF STATE
	15.00 Filing Fee ☐ \$130.00 Filing Fee Certificate o	e & 🔲 \$155.00 Filing Fee & 🖂 \$160.00 Filing Fee, Certific

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

IN COMPIJANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Delaware		88-1314552			
(Jurisdiction under the law of which foreign limited liability company is organized)		3. (FEI number, if applicable)			
(Julisaic and dixief die law of which	foreign named faithful (company is organized)	, tris number	, п аррпсавіс)		
	(Date first transacted business in Florida, if prior to reg (See sections 605.0904 & 605.0905, F.S. to determine	istration.)			
538 Arlington Ave.	(See sections 605,0904 & 605,0905, F.S. to determine)				
Street Address of Principal Office)		6. (Mailing Address)			_
Lakewood NJ 08701		Lakewood NJ 08701			
C Name:	Corporate Creations Network Inc.			2023 SEP 2	
Office Address:	01 US Highway !		\$ 100 miles	21 PH	; ; ;
N.	iorth Palm Beach	33408 , Florida	•	2: 09	مري ﴿
	(City)	(Zip code)		w.	

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: Aaron Hellman Name: Steve Eisikovic □ Manager ☐ Manager Address: 538 Arlington Ave. Address: 538 Arlington Ave. ■ Member ■ Member Lakewood NJ 08701 Lakewood NJ 08701 ☐ Authorized □ Authorized Person Person Other □Other □Other □Other_____ Takanassee Holdings Manager Name: _____ Address: _____ 538 Arlington Ave. □Member ☐ Member Address: Lakewood NJ 08701 ☐ Authorized ☐ Authorized Person Person □Other_____ □Other Other □Other ____ ☐ Manager Name: _____ □Manager Name: _____ □ Member Address: ____ Address: □ Member ☐ 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.

Signature of an authorized person

I'vned or printed name of signee

Aaron Hellman, Member

Page 1



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

DELAWARE, DO HEREBY CERTIFY "HEXAGON HR, 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 SIXTH DAY OF SEPTEMBER, A.D. 2023.



Authentication: 204107515

Date: 09-06-23