

M24000001061

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

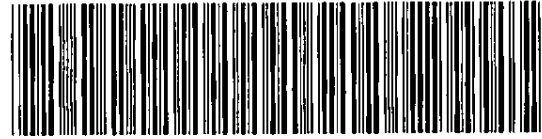
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer

Office Use Only



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01/30/24--01002--012 **160.00

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2024 JAN 30 AM 3:10

FILED

ALLAHASSEE, FL 060

2024 JAN 30 AM 10:59

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

IN COMPLIANCE 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:

1. H2 FINANCIAL CONSULTING 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.")

2. IDAHO (Jurisdiction under the law of which foreign limited liability company is organized) 3. _____ (FEI number, if applicable)

4. 30 JUL 2023
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

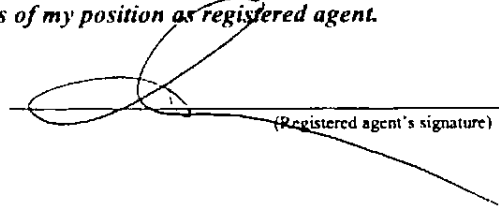
5. 3903 URAL ST
(Street Address of Principal Office) 6. 3903 URAL ST
(Mailing Address)
PANAMA CITY BEACH, FL PANAMA CITY BEACH, FL
32408 32408

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

Name: DUSTIN HATFIELD
Office Address: 3903 URAL ST
PANAMA CITY BEACH , Florida 32408
(City) (Zip code)

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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.


(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: Manager
Name and Address: Name: DUSTIN HATFIELD
 Address: 3903 URAL ST
PANAMA CITY BEACH
FL 32408
 Other _____ Other _____

Manager Name: _____
 Member Address: _____
 Authorized _____
 Person _____
 Other _____ Other _____

Manager Name: _____
 Member Address: _____
 Authorized _____
 Person _____
 Other _____ Other _____

Title or Capacity: Manager
Name and Address: Name: ELLE HATFIELD
 Address: 3903 URAL ST
PANAMA CITY BEACH
FL 32408
 Other _____ Other _____

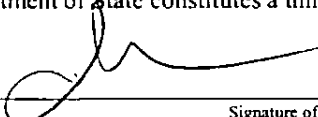
Manager Name: _____
 Member Address: _____
 Authorized _____
 Person _____
 Other _____ Other _____

Manager Name: _____
 Member Address: _____
 Authorized _____
 Person _____
 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 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

Dustin Hatfield

 Typed or printed name of signee



STATE OF IDAHO

Phil McGrane | Secretary of State

Business Office
450 North 4th Street
PO Box 83720
Boise, ID 83720

January 29, 2024

Request Type: Certificate of Existence/Filing

Request #: 0005573652

Receipt #: 000933647

Issuance Date: 01/29/2024

Copies Requested: 0

Regarding: H2 Financial Consulting LLC

Filing Type: Limited Liability Company (D)

Formation/Qualification Date: 12/16/2022

Status: Active-Existing

Duration Term: Perpetual

File #: 5032530

Formation Locale: IDAHO

Inactive Date:

Certificate of Existence

I, Phil McGrane, Secretary of State of the State of Idaho, do hereby certify that effective as of the issuance date noted above

H2 Financial Consulting LLC

is a Limited Liability Company duly formed under the law of this State with a date of incorporation and duration as given above.

A handwritten signature in black ink, appearing to read "Phil McGrane", enclosed within an oval-shaped border.

Phil McGrane

Idaho Secretary of State

Processed By: Business Division

Verification #: 027115823