M24000003145

(R	lequestor's Name)	
	(ddress)	
(/-	(001655)	
(A	ddress)	·
(C	City/State/Zip/Phone #)	
PICK-UP	WAIT	MAJL
<u>—</u>	_	_
(B	Business Entity Name)	
(L	ocument Number)	
Certified Copies	Certificates of Status	
Special Instructions to Fi	ling Officer:	
• • • • • • • • • • • • • • • • • • • •		

Office Use Only





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MAR 1 2 2024

K. Brumbley

CSC - Tallahassee CSC 1201 Hays Street Tallahassee, FL 32301-2607 850-558-1500, Ext:

To: Department Of State, Division Of Corporations

From: Shauna Godbolt

Ext:

Date: 03/12/24 Order #: 1447273-9

Re: Hollinger Family Holdings LLC

Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Application for Certificate of Authority

Amount to be deducted from our State Account: \$125.0 - FL State Account Number:

I2000000195
Certificate of Good Standing from State of Incorporation

Please take the following action:

File in your office on basis

Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

COVER LETTER

TO:

Registration Section

Div	rision of Corporations				
SUBJECT:	Hollinger Family Holdings LLC				
SOBSECT.	Name of Limited Liability Company				
		ity Company for Authorization to Transact Business in Florida," Certificate of ove referenced foreign limited liability company to transact business in Florida.			
Please return	all correspondence concerning this mate	er to the following:			
	Sheldon Bender				
	Name of Person				
	Blank Rome LLP				
Firm/Company					
	One Logan Square, Second Floor				
Address					
	Philadelphia, PA 19103				
		City/State and Zip Code			
	E mail addraga (o be used for future annual report notification)			
For further is	nformation concerning this matter, please	•			
	eldon Bender	215 569-5406			
		at () Area Code Daytime Telephone Number			
	Name of Contact Person	Area Code Daytime Telephone Number			
Reg Div P.C	iling Address: gistration Section vision of Corporations D. Box 6327 Hahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
Plea	elosed is a check for the following amour ase make check payable to: FLORIDA I \$125.00 Filing Fee \$\square\$\$ \$130.00 Filing Certifications	DEPARTMENT OF STATE			

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:

	dings LLC			
(Name of Foreign	Limited Liability Company; must include "Limi	ted 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 Lial	bility Company," "L.L.C," or "LLC	C.'')
Delaware 2.		3.		
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number,		er, if applicable)		
4				
	(Date first transacted business in Florida, if prior (See sections 605,0904 & 605,0905, F.S. to deter	mine penalty hability)		
707 Seasage Drive		707 Seasage Drive		
5. (Street Address of Principal Office)		6. (Mailing Address)		
Delray Beach, FL 33	3483	Delray Beach, FL 33483		
		<u> </u>		
		Non No	702	
/. Name and street addres	ss of Florida registered agent: (P.O. Bo	ox <u>NO1</u> acceptable)	2024 HAR	:
	Jason Hollinger		<u> </u>	
Name:			2	-1.
	707 Seasage Drive		PH	
Office Address:			-7:	
	Delray Beach	33483	3.6 -	
	101	, Florida (Zip code)		
	(City)	(Zip code)		

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: Jason Hollinger Name: _ ■Manager □Manager Name: 707 Seasage Drive □Member ☐Member Address: Delray Beach, FL 33483 ☐ Authorized ☐ Authorized Person Person □Other____ □Other Other___ □Other____ □Manager Name: ____ □Manager Name: □Member Address: ____ □Member Address: ☐ Authorized ☐ Authorized Person Person Other____ □Other____ □Other___ Other_____ □ Manager Name: ______ □Manager □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 Jason Hollinger

Typed or printed name of signee CSC QUAL-29101

Page 1



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

DELAWARE, DO HEREBY CERTIFY "HOLLINGER FAMILY HOLDINGS 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 TWELFTH DAY OF MARCH, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HOLLINGER FAMILY HOLDINGS LLC" WAS FORMED ON THE TWENTY-SECOND DAY OF DECEMBER, A.D. 2023.

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

TAYS OF COMMENTS O

Authentication: 203000838

Date: 03-12-24