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#### WALK IN

PICK UP: MISTY 6/18							
xx	CERTIFIED COPY PHOTOCOPY CUS						
XX	FILING	FOREIGN LLC					
1.	731 HF HOLDINGS (CORPORATE NAME AND DO						
2.							
3.	(CORPORATE NAME AND D	OCUMENT #)					
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4.	(CORPORATE NAME AND D	DCUMENT #)					
5.	(CORPORATE NAME AND D	DCUMENT #)					
6.	(CORPORATE NAME AND D	VOLIMENTO 46					
SPECIAI	LINSTRUCTIONS:	CUMPAT#I					
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### APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 6/5.0902, FLORIDA STATUTES. THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	name adopted for the purpose of transacting business in Flo	rida. The alternate name must include "Limited L	iability Company," "L.L.C," or	"LLC		
Washington		81-3384828 3.				
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	(PEf num	ber, if applicable)	_		
	(Day See ground burning in Plants of any					
	(Date first transacted business in Florida, if prior to n (See sections 605 0904 & 605,0905, F.S. to determin	egistration.) e penalty liability)				
773 NE 77th Terrace		773 NE 77th Terrace				
eet Address of Principal Office)		6. (Mailing Address)		_		
Miami, FL 33138		Miami, FL 33138				
Name and street addres	ss of Florida registered agent: (P.O. Box	NOT acceptable)	202 S	_		
Name and street addres	ss of Florida registered agent: (P.O. Box  Registered Agent Solutions, Inc.	NOT acceptable)		EL P		
		NOT acceptable)				
Name:	Registered Agent Solutions, Inc.	NOT acceptable)  32308 . Florida	2024 JUN 18 PM 9: 1			
Name:	Registered Agent Solutions, Inc.  2894 Remington Green Ln., Ste. A	32308				

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	<u>Y:</u>	Name and Address:
■Manager	Name: Travis C. Hammond	□Manager	Name:	
□Member	Address: 773 NE 77th Terrace	□Member	Address:	
□Authorized	Miami, FL 33138	□Authorized		
Person		Person		
□Other	Other	□Other	<del></del> -	Other
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized		□Authorized		
Person		Person		
□Other	Other	□Other		Other
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized		□Authorized		
Person		Person		
□Other	Other	□Other	<del></del>	□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

Travis C. Hammond

Typed or printed name of signee



## Secretary of State

I, STEVE R. HOBBS, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

#### CERTIFICATE OF EXISTENCE

**OF** 

#### 731 HF HOLDINGS LLC

I CERTIFY that the records on file in this office show that the above named entity was formed under the laws of the State of Washington and that its public organic record was filed in Washington and became effective on 07/22/2016.

I FURTHER CERTIFY that the entity's duration is Perpetual, and that as of the date of this certificate, the records of the Secretary of State do not reflect that this entity has been dissolved.

I FURTHER CERTIFY that all fees, interest, and penalties owed and collected through the Secretary of State have been paid.

I FURTHER CERTIFY that the most recent annual report has been delivered to the Secretary of State for filing and that proceedings for administrative dissolution are not pending.

Issued Date: 06/18/2024 UBI Number: 604 021 355

R Hollie



Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

Steve R. Hobbs, Secretary of State

Date Issued: 06/18/2024