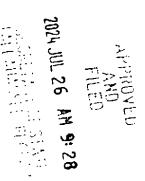
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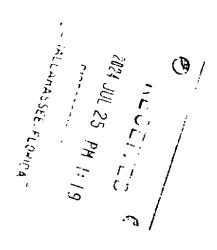
	(Requestor's Name)	
	(Address)	
	(Address)	
	(Address)	
	(City/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
_		<u></u>
	(Business Entity Name)	
	(Document Number)	
Certified Copies	_ Certificates of 5	Status
	_	
Special Instructions to	Filing Officer:	
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CT CORP

(850) 656- 4724 3458 lakesore Drive Tallahassee, FL 32312

07/25/2024

D	te: 07/25/2024 4: C
	Acc#I20160000072
Name:	HVP CAPITAL JV LLC
Document #:	
Order #:	15777132
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing: Certified Copy of	
Apostille/Notarial Certification:	Country of Destination: Number of Certs:
Filing:	Certified: ✓ Email Address for Annual Report Notifications: Plain: COGS:
Availability Document Examiner Updater Verifier W.P. Verifier Ref#	Amount: \$ 155.00

Thank you!

COVER LETTER

	Registration Section Division of Corporations	
SUBJEC	HVP CAPITAL JV LLC	
302020		Name of Limited Liability Company
The encl Existence	osed "Application by Foreign Line, and check are submitted to regi	ited Liability Company for Authorization to Transact Business in Florida," Certificate of ter the above referenced foreign limited liability company to transact business in Florida.
Please re	turn all correspondence concernir	g this matter to the following:
	Lynn Rose	
		Name of Person
	Phelps Dunbar, L.L.P.	
		Firm/Company
	365 Canal Street, Suite	000
		Address
	New Orleans	LA 70130
		City/State and Zip Code
	Keri@hometownvetpartne	rs.com
	E-mail	address: (to be used for future annual report notification)
For furth	er information concerning this ma	ner, please call:
	Courtney Hurtig	504 679-5548 at ()
•	Name of Contac	
	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
i		ng amount: ORIDA DEPARTMENT OF STATE 0.00 Filing Fee & S155.00 Filing Fee & S160.00 Filing Fee, Certificate Certificate of Status Certified Copy of Status & Certified Copy

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

IN COMPILANCE WITH SECTION 605.0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	Limited Liability Company: must include "Limite	d Liability Co	ompany," "L.L.C.," or "LLC.")	
f name unavailable, enter alternate	name adopted for the purpose of transacting business in F	lorida. The alter	mate name must include "Limited Lia	ability Company," "L.L.C." or "LLC.")
Delaware			2-2353685	
(Jurisdiction under the law of v	hich foreign limited liability company is organized)	3	(FEI numbe	er, if applicable)
	(Data for the resoluted however in Classification in the control of the control o			
	(Date first transacted husiness in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determ	ine penalty lish	lity)	
5110 Clark Road			580 Hazelwood Trail	
reet Address of Principal Office)		0	(Mailing Address)	
Sarasota, FL 34233		La	keville, MN 55044	
Name and street address	ss of Florida registered agent: (P.O. Box	NOT acco	eptable)	2024
	ss of Florida registered agent: (P.O. Box NRAI Services, Inc.	NOT acco	eptable)	APPRU AN FILE 2024 JUL 26
Name and street address Name: Office Address:		NOT_acco	eptable)	APPRUYED AND FILED 2024 JUL 26 AM 9: ABASEL SEE SEE BELLESSEE
Name:	NRAI Services, Inc. 1200 South Pine Island Road Plantation	NOT_acco		LED LED
Name:	NRAI Services, Inc. 1200 South Pine Island Road	NOT_acco	33324	COVED LED LED 6 AH 9: 2
Name: Office Address: egistered agent's accep aving been named as re signated in this applica comply with the provisi	NRAI Services, Inc. 1200 South Pine Island Road Plantation (City)	orocess for s registered		iability company at the place of this capacity. I further ag

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: ___ Briarcliff Capital Partners, LLC **■**Manager □Manager Name: _____ Address: 20580 Hazelwood Trail ■ Member ☐ Member Address: Lakeville, MN 55044 □ 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: Name: _____ □Manager □Member Address: ____ □Member Address: ☐ Authorized ☐ Authorized Person Person □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. - DocuSigned by:

Signature of an authorized person

Typed or printed name of signer

Robert Radlich-Manager of Briacliff Capital Partners LLC

Robert Radlich

Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "HVP CAPITAL JV 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 THIRD DAY OF JULY, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HVP CAPITAL JV LLC" WAS FORMED ON THE THIRD DAY OF FEBRUARY, A.D. 2023.

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

Authentication: 203859984

Date: 07-03-24