

V23000000843

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

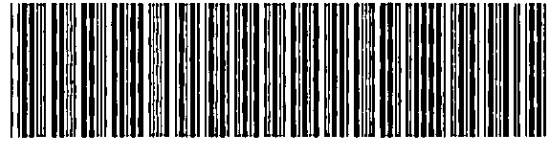
(Business Entity Name)

(Document Number)

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2023 JAN 23 PM 3:36

COVER LETTER

**D: Registration Section
Division of Corporations**

SUBJECT: Hartley Financial Services LLC
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Tracey Muller
Name of Person
Hartley Financial Services LLC
Firm/Company
17217 Allamanda Dr.
Address
Sugarloaf Key, FL 33042
City/State and Zip Code
office@scaseainv.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tracey Muller at (978) 590-4046
Name of Contact Person Area Code Daytime Telephone Number

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

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

- \$125.00 Filing Fee \$130.00 Filing Fee & Certificate of Status \$155.00 Filing Fee & Certified Copy \$160.00 Filing Fee, Certificate of Status & Certified Copy

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

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:

Hartley Financial Services LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

If alternate name is available, 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.")

Delaware

(Jurisdiction under the law of which foreign limited liability company is organized)

27-4467057

3. (FEI number, if applicable)

01/11/2022

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

17217 Allamanda Dr

Street Address of Principal Office)

Sugarloaf Key, FL 33042

17217 Allamanda Dr

6. (Mailing Address)

Sugarloaf Key, FL

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

Name: Tracey Muller

Office Address: 17217 Allamanda Dr.

Sugarloaf Key, Florida 33042
(City) (Zip code)

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)

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:
Manager Name: Tracey Muller
Member Address: 17217 Allamanda Dr
Authorized Sugarloaf Key, 33042
Person
Other Other

Title or Capacity: Name and Address:
 Manager Name: Geoffrey Muller
 Member Address: 21010 5th Ave
 Authorized Summerland Key, FL 33042
Person
 Other Other

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

Manager Name: _____
 Member Address: _____
 Authorized
Person
 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.

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 by the translator must be submitted)

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

Tracey Muller

Typed or printed name of signee

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HARTLEY FINANCIAL SERVICES 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 TWENTY-SECOND DAY OF NOVEMBER, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HARTLEY FINANCIAL SERVICES LLC" WAS FORMED ON THE TWENTY-EIGHTH DAY OF JANUARY, A.D. 2013.

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




Jeffrey W. Bullock, Secretary of State

5276137 8300

SR# 20224088342

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 204923370

Date: 11-22-22