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SECRETARY OF STATE
SECRETARY OF STATE
SHOULD BE STATEDHOUT OF CORPORATION

COVER LETTER

TO:	_	tration Section of Corporations						
SUBJ	ECT:	HFR, Inc.						
0020		Name of	fc	orporation - r	nust i	nclude suffix		
Dear S	ir or M	adam:						
"Certif	icate o	"Application by Foreign Corf Existence," or "Certificate coded foreign corporation to tra	of (Good Standin	ıg" an	d check are subr		
Please	return	all correspondence concernin	ıg i	his matter to	the fo	ollowing:		
Maria i	M. L. So	chwartz						
				Name of Per	son			
Levin S	Schrede	r & Carey Ltd.						
				Firm/Compa	ny	-		
120 No	orth LaS	alle Street, Floor 38						
				Address				
Chicag	o, IL 60	0602						
	<u>.</u>		С	ity/State and	Zip c	ode		
corpora	ate@lsc	law.com						
	-	E-mail address:	(to	be used for	future	annual report no	otific	ation)
For fur	ther in	formation concerning this ma	itte	r, please call	:			
Maria M. L. Schwartz		at (312	332-6300				
	Nam	e of Person		Area Code		Daytime Teleph	one	Number
	Regis Divis The C 2415	EET/COURIER ADDRESS tration Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 nassee, FL 32303	i:			MAILING AI Registration Se Division of Co P.O. Box 6327 Tallahassee, FI	ction rpora	1 ations
Please 1	make ch	check for the following amount of the control of th	PA Fo	RTMENT OF	78.75	TE Filing Fee & ed Copy		\$87.50 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. HFR, Inc.	of corporation: must include "INCORP	ORATED," "COMPANY," "CORPORATION,"	
	"Corp," "Inc," "Co," or "Corp.")	ominab, cominat, com ominat,	
(If name unav	vailable in Florida, enter alternate corpo	orate name adopted for the purpose of transacting busin	ess in Florida)
2. Delaware		3.	
(State or cou	intry under the law of which it is incorp	operated) 3. (FEI number, if applicable	e)
Delaware 4.		5(Date of duration, if other than pe	
(D	ate of incorporation)	(Date of duration, if other than pe	rpetual)
6			
	(Date first transacted (SEE SECTIONS 607.150	business in Florida, if prior to registration) 11 & 607.1502, F.S., to determine penalty liability)	
	Road, Suite 324A, Boca Raton, Florida		
	(Pr	incipal office street address)	
	(Cur	rrent mailing address, if different)	21 21/2
0. 11		(DO D. NOT. (11)	SECRE VISION
8. Name and s	treet address of Florida registered a	gent: (P.O. Box NOT acceptable)	1 45
Name	CCS Global Solutions, Inc.		80 COS
Office Address	155 Office Plaza Drive, 1st Floor	r	79 35 GF 74 99 7
	Tallahassaa	, Florida 32301	#: 23
	(City)	(Zip code)	9 1 %
0 Domistored	ngont's necestance		
	agent's acceptance: amed as registered agent and to ac	cept service of process for the above stated corpo	oration at the place
		e appointment as registered agent and agree to a statutes relative to the proper and complete perf	
		s of my position as registered agent.	ormunce oj my uui
-		-	
	/s/ Joanne Caswell	Assistant Secretary	

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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A. DIRECTORS	Israel C. Nishalas		Gaarga V Nighalas Ir
□Chairman	Name:	□Chairman	Name: George F. Nicholas, Jr.
□Vice Chairman	Address: 2255 Glades Road, Suite 324A	□Vice Chairman	Address: 2255 Glades Road, Suite 324A
Director	Boca Raton, Florida 33431	Director	Boca Raton, Florida 33431
President		□President	
□Vice President		■ Vice President	
Secretary	☐ Treasurer	☐ Secretary	□Treasurer
□ Other	Other	□Other	Other
□ Chairman	Name:	□ Chairman	Name:
□Vice Chairman	Address:	□Vice Chaiπnan	Address:
Director		Director	
□President		□President	
□Vice President		☐ Vice President	
☐ Secretary	□Treasurer	☐ Secretary	□Treasurer
Other		Other	□Other
□Chairman	Name:	□ Chairman	Name:
□Vice Chairman	Address:	□Vice Chairman	Address:
□Director		Director	
President		□President	
□Vice President		□Vice President	
Secretary	□Treasurer	☐ Secretary	□Treasurer
Other	□Other	□Other	Other
	Use an attachment to report more than six (6). The added to the index when filing your Florida Depa	rtment of State Annual Re	
E268DBE2461C453	Signature of Direc	tor or Officer	
	ctor signing this document (and who is listed in nu		

13. George F. Nicholas, Jr., Vice President

(Typed or printed name and capacity of person signing application)

s.817.155, F.S.

Page 1



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

DELAWARE, DO HEREBY CERTIFY "HFR, INC." IS DULY INCORPORATED UNDER

THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A

LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE

SHOW, AS OF THE THIRTIETH DAY OF JULY, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HFR, INC." WAS INCORPORATED ON THE TWELFTH DAY OF SEPTEMBER, A.D. 2023.

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

Authentication: 204045236

Date: 07-30-24