M160000003782

(Re	equestor's Name)				
(Ac	ddress)				
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(City/State/Zip/Phone #)					
PICK-UP	☐ WAIT	MAIL			
(Bu	usiness Entity Nam	ne)			
(Document Number)					
Certified Copies	_ Certificates	of Status			
Special Instructions to Filing Officer:					
MPODO	18716				





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03/11/16--01032--028 **125.00

04/05/16--01018--006 **916.25

FILED

16 APR -4 PH 3: 37

SECRETAGE OF STATE



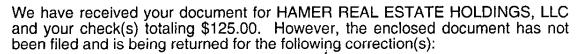
FLORIDA DEPARTMENT OF STATE Division of Corporations

March 15, 2016

ELLEN PENNISON P.O. DRAWER 3608 MORGAN CITY, LA 70381

SUBJECT: HAMER REAL ESTATE HOLDINGS, LLC

Ref. Number: W16000018716



The designation of the registered agent must be at a Florida street address.

Pursuant to section 607.1502(4), 617.1502(4) or 605.0904(7), Florida Statutes, this entity is liable for a civil penalty of at least \$500 but not more than \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification. In addition to this civil penalty, the appropriate annual report fees that would have been due this office had the entity qualified the year it began operations in this state are also due. The amount due this office to cover both annual report(s) and penalty fees \$916.25.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Scott Regulatory Specialist II

Letter Number: 916A00005147



COVER LETTER

Registration Section
Division of Corporations

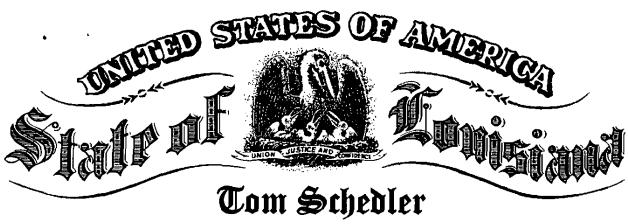
TO:

SUBJECT: _	Hamer	Real Estate Name of	Holdings,	LLC	
		oreign Limited Liability Com ted to register the above refer			
Please return a	II correspondence	concerning this matter to the	e following:	•	
		Ellen Per			
			lame of Person		
	<u>Ho</u>	imer real Esta	ate Holding	5, LLC	·
		90 Drawer 3	802	ALL AND	
		norgan city,	Address Address To 381 State and Zip Code	SSEE, TLORE	FILED APR -4 PH 3: 37
		epennison a bot E-mail address: (to be use		tification)	
For further info	ormation concerni	ng this matter, please call:			
ŧ	Ilen Pen Name	nisdy of Contact Person	_at (985) 38	4-3333 x	<u>u</u> 4
Divisi Regisi P.O. E	LING ADDRESS on of Corporation tration Section Box 6327 nassee, FL 32314	<u>:</u> s	Division Registrat Clifton E 2661 Exe	of Corporations ion Section Building ecutive Center Circle see, FL 32301	
	heck for the follow 25.00 Filing Fee	wing amount: ☐ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filing Fee & Certified Copy	□ \$160.00 Filing Fee, 0 of Status & Certified Co	

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 F COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: HUMUY REQUESTATE: HOLDINGS, LLC	OREIGN LIMITED LIABILITY
(Name of Foreign Limited Liability Company; must include "Limited 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 Liability Company," "L.L.C," or "LLC.") 2. LOUISIANA (Jurisdiction under the law of which foreign limited liability) 3. (FEI number, if applicable)	
company is organized) 8 1 2013	
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 5. 1430 Sandta St.	72 6
morgan city 4 70380 (Street Address of Principal Office)	CREEKS CARLASS
6. P.O. Drawer 3608 Moran cita 1A 70381	ASSEE, FL ANY OF S ILED
7. Name and <u>street address</u> of Florida registered agent: (P.O. Box <u>NOT</u> acceptable)	3 37 TATE ORIDA
Name: Gregory J. Hamer Sr. Office Address: Unit 505 15400 Emerald Coast PKWY	
Destin Florida 32541 (Zip code)	
Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated limited liabili designated in this application, I hereby accept the appointment as registered agent and agree to act in this to complywith the provisions of all statutes relative to the proper and complete performance of my duties, accept the obligations of my position as registered spent.	capacity. I further agree
(Registered agent's signature)	
8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Cregon J. Hamer Sr. (Manager)	
Morgan City, LA 70380	
9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having c jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the translator must be submitted)	ustody of records in the the certificate under oath
Signature of an authorized person This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.	false information 155, F.S.
ELLEN PENVISON	

Typed or printed name of signee



SECRETARY OF STATE

As Secretary of State, of the State of Louisiana, I do hereby Certify that

HAMER REAL ESTATE HOLDINGS, L.L.C.

A limited liability company domiciled in MORGAN CITY, LOUISIANA,

Filed charter and qualified to do business in this State on April 16, 2013.

I further certify that the records of this Office indicate the company has paid all fees due the Secretary of State, and so far as the Office of the Secretary of State is concerned, is in good standing and is authorized to do business in this State.

I further certify that this certificate is not intended to reflect the financial condition of this company since this information is not available from the records of this Office.

APR -4 PN 3:37

REFAIT OF STATE
ANT SEED OF ONE

In testimony whereof, I have hereunto set my hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on,

Secretary of State

March 4, 2016

OF LOUIS THE REPORT OF STREET

Certificate ID: 10687977#SLUA4

To validate this certificate, visit the following web site, go to Business Services, Search for Louisiana Business Filings, Validate a Certificate, then follow the instructions displayed.

www.sos.la.gov

Web 41147341K