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SECRETARY OF STATES
AND SECRETARY OF STATES

C. LEWIS

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EXAMINER



Linda S. Dale, CP Paralegal Direct Dial (601) 949-4967 Main (601) 949-4900 Fax (601) 949-4804 Idale@watkinsludlam.com

April 15, 2011

Via FedEX - 850-245-6052

Florida Department of State
Division of Corporations/New Filing Section
ATTN: Mr. Tim Burch
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: Three Applications to Transact Business – HBRE Management, LLC; SA-FL Legacy, LLC; and SA-FL, LLC

Dear Mr. Burch:

Enclosed for filing is an original and one (1) copy of three (3) separate Applications by Foreign Limited Liability Company for Authorization to Transact Business in Florida as follows: HBRE Management, LLC; SA-FL Legacy, LLC; and SA-FL, LLC. Also enclosed with each application are Certificates of Existence from the Mississippi Secretary of State, and a check in the amount of \$465 for the filing fees for the three (3) applications which includes the cost of a certified copy of each application.

Please file the Application and <u>return the certified copies</u> to me at the address above. If you need additional information, please let me know immediately. We appreciate your assistance in this matter.

Sincerely,

Watkins Ludlam Winter & Stennis, P.A.

Linda S. Dale

Paralegal

:ld

Enclosures

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: HBRE MANAGEMEN		
N	lame of Limited Liability Company	
	iability Company for Authorization to Transact Business in Florida," Certificate of above referenced foreign limited liability company to transact business in Florida	
Please return all correspondence concerning this	matter to the following:	
Linda Dale		
•	Name of Person	
Watkins Ludlam Winter & Stennis, P.A.		
	Firm/Company	
190 East Capitol Street, Ste. 800 (P. O. Box 427, Jackson, MS 39205-0427)		
<u> </u>	Address	
Jackson, MS 39201		
	City/State and Zip Code	
Roberta.Davidson@	hancockbank.com	
E-mail address:	(to be used for future annual report notification)	
For further information concerning this matter, pl	ease call:	
Linda Dale	_{at (} 601) 949-4967	
Name of Person	Area Code & Daytime Telephone Number	
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	
Enclosed is a check for the following amount of \$125.00 Filing Fee. State of S	Fee & \$\int_\$155.00 Filing Fee & \$\int\$\$160.00 Filing Fee, Certificate	

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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

-				
1	. HBRE MANAGEMENT, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")			
	(. Mains of Foreign Danned Diability Company, must include Diability Company, D.D.C., or DEC.)			
$\overline{\alpha}$	f name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written			
CC	onsent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability"			
C	ompany," "L.L.C," "LLC.")			
2	Mississippi 3			
	(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable)			
	company is organized)			
4,	April 5, 2011 5. Perpetual			
	(Date of Organization) (Duration: Year limited liability company will cease to			
	exist or "perpetual")			
6.	n/a			
	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)			
_	2510 14th Street			
7.	25 10 14th Street			
	Culfnort MS 30501			
•	(Street Address of Principal Office)			
8.	If limited liability company is a manager-managed company, check here			
o	The name and usual business addresses of the managing members or managers are as follows:			
٠,	The name and usual business addresses of the managing members of managers are as follows:			
	Mr. William Price			
	2510, 14th Street			
	Gulfport, MS 39501			
10,	Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in			
	urisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a			
tran	slation of the certificate under oath of the translator must be submitted.)			
11.	Nature of business or purposes to be conducted or promoted in Florida:			
	-			
_	Engaging in any lawful business authorized under the laws of the State of Mississippi			
	Cr. M. Sant			
	Signature of a member or an authorized representative of a member.			
	(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the			
	penaltics of perjury that the facts stated herein are true. 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.) Craig N. Landrum, Attorney			
	Craig W. Landrum, Attorney			

Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:	
HBRE MANAGEMENT, LLC	
If unavailable, the alternate to be used in the state of Florida is:	
2. The name and the Florida street address of the registered agent and office ar	e:
C T Corporation System	
(Name)	APR 20 CRETARY LAHASSE
1200 South Pine Island Road	
Florida Street Address (P.O. Box NOT ACCEPTABLE)	STATE
Plantation FL 33324	
City/State/Zip	

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 certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.

James M. Halpin

James M. Halpin

Assistant Secretary

(Signature)

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

State of Mississippi

Office of the Secretary of State C. Delbert Hosemann, Jr., Secretary of State Jackson, Mississippi

CERTIFICATE

I, C. DELBERT HOSEMANN, JR., Secretary of State of the State of Mississippi, and as such the legal custodian of the records as required by The Mississippi Limited Liability Company Act to be filed in my office do hereby certify that:

HBRE MANAGEMENT, LLC

Formed April 5, 2011

A Mississippi Limited Liability Company has filed the necessary documents in this office and has obtained a certificate of formation under the provisions of The Mississippi Limited Liability Company Act as shown by the records in this office.

That the registered office of said Limited Liability Company is located at:

645 LAKELAND EAST DRIVE, SUITE 101 FLOWOOD MS 39232

and that the registered agent at that address is:

C T CORPORATION SYSTEM

I further certify that said Limited Liability Company has paid the fees for filing the above papers required by law as shown by the records of this office and that said Limited Liability Company is in good standing to do business in Mississippi at this time.

SE AFFEIN SO

Given under my hand and seal of office April 14, 2011

C. Delbert Hosemann, Jr. Secretary of State

Certification Number: 12458961-1 Page 1 of 1 Reference: Linda Dale Verify this certificate online at https://business.sos.state.ms.us/corp/soskb/verify.asp