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Certified Copies	_ Certificates	of Status
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FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

COVER LETTER

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TO:	New Filing Section	AO OFF 10 III > 20
10.	Division of Corporations	
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SUBJ	ECT: HILLCRES	T INCORMETTED
		of corporation - must include suffix)
D (
Dear S	Sir or Madam:	
"Certi		orporation for Authorization to Transact Business in Florida," submitted to register the above referenced foreign corporation to
Please	return all correspondence concerni	ng this matter to the following:
	JEWN IFER	RuBin
	JENN /F-LR	(Name of Person)
	1/3/20-	(Firm/Company) A Lypso LANE (Address) Flor, Da 33414 (City/State and Zip code)
	17/LLERIST -	(Firm/Company)
		(
	14170 C	ALYDSO LANE
		(Address)
	Willington	Flor, DA 33414
	, ,	(City/State and Zip code)
For fu	ther information concerning this m	atter, please call:
	4	
1/	NNIFER KUBIU	at (5/6) 70Y-6576 (Area Code & Daytime Telephone Number)
	(Name of Person)	(Area Code & Daytime Telephone Number)
	,	
		•
	STREET/COURIER ADDRESS	S: MAILING ADDRESS:
New Filing Section		New Filing Section
Division of Corporations Division of Corporations		Division of Corporations
Clifton Building P.O. Box 6327		
	2661 Executive Center Circle Tallahassee, FL 32314	
	Tallahassee, FL 32301	
Enclos	ed is a check for the following amo	unt:
J _{\$70}	.00 Filing Fee \$78.75 Filing	Fee & \$78.75 Filing Fee & \$87.50 Filing Fee,
	Certificate o	



SECRETARY OF STATE DIVISION OF CORPORATIONS

08 SEP 16 AM 9: 08

FLORIDA DEPARTMENT OF STATE Division of Corporations

August 5, 2008

JENNIFER RUBIO 14170 CALYPSO LANE WELLINGTON, FL 33414

SUBJECT: HILLCREST INCORPORATED

Ref. Number: W08000036958

We have received your document for HILLCREST INCORPORATED and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain the entity's complete mailing address.

A brief description of the entity's nature of business must be included in the document.

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

The registered agent must sign accepting the designation.

Please return the corrected original and one copy of 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) 245-6973.

Claretha Golden Regulatory Specialist II New Filing Section

Letter Number: 408A00044677

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. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.") (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) (State or country under the law of which it is incorporated)

3. //-3653575

(FEI number, if applicable) 4. 9-5-2002 5. PIRPLITUAL

(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual") (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 14170 CALYPSO LANE Wellington FL 33414

(Principal office address)

Wellington FL 33414

(Current mailing address) 8. <u>Who les ale - Horse sale</u>
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) 9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Wellington, Florida 33414
(City) (Zip code) Office Address: 10. Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corporation 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.

11. 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.

12. Names and business addresses of officers and/or directors: A. DIRECTORS SECRETARY OF STATE DIVISION OF CORPORATIONS Chairman: Travelog LoBio 08 SEP 16 AM 9: 08 O CALYPSO LANC Vice Chairman: Address: ____ Address: Director: **B. OFFICERS** President: Tesun Top PuBil Vice President: Address: Scoretary: JAMOSASINOSIDAS Jennifer Rubio 14170 Calypso Lane Wellington FL 33414 Address: Treasurer: Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Director or Officer listed in number 12 of the application) (Typed or printed name and capacity of person signing application)

State of New York Department of State } ss:

I hereby certify, that the Certificate of Incorporation of HILLCREST, INCORPORATED was filed on 09/05/2002, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.

The Biennial Statement is past due.

WITNESS my hand and the official seal of the Department of State at the City of Albany, this 17th day of June two NF thousand and eight.

Special Deputy Secretary of State

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