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(F	Requestor's Name)	
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(0	City/State/Zip/Phone #)
PICK-UP	☐ WAIT	MAIL ·
		
(E	Business Entity Name)	
([Ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	o Filing Officer:	
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Office Use Only



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SECRETARY OF STATE

FILED

COVER LETTER

TO:	New Filing Section Division of Corporations			
SUBJ	ECT: Hipp Waters I.T., Inc.	,		4
	Name of corporation - must include suffix			
Dear S	ir or Madam:			
"Certif	closed "Application by Foreign Corporation for Authorization to Transact Busine icate of Existence," or "Certificate of Good Standing"and check are submitted to deed foreign corporation to transact business in Florida.			ove
Please	return all correspondence concerning this matter to the following:			
	Patrick Milligan			
	Name of Person			_
	Hipp Waters I.T., Inc.			
	Firm/Company			
	300 Central Avenue			<i>.</i>
	Address	三路	100	
	Summerville, SC 29483	S 2	- 	
	City/State and Zip code	N. T.	<u>₽</u> 63	Champing Champing
	plm@hippwaters-inc.com	<u> </u>		rัก
E-mail address: (to be used for future annual report notificati For further information concerning this matter, please call:		F STATE	A & 52	ט
Patrio	ck Milligan at (843) 851-9145	**	-	
	Name of Person Area Code & Daytime Telephone Num	ber	_	
	STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 MAILING ADDRESS New Filing Section Division of Corporation Division of Corporation P.O. Box 6327 Tallahassee, FL 32314	ns		
Enclos	ed is a check for the following amount:			
\$7 0	Certificate of Status Certified Cop Ce	.50 Filio rtificate rtified (of Sta	

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.

	·		adopted for the purpose of transacting busi	ness in Fl	orida)	
· 		54-2070792 (FBI number, if applicable)				
_	under the law of which it is incorporated)		•	j.		
November 2		. 5.	(Duration: Year corp. will cease to exist or "perpetual")			
(Date	of incorporation)		(Duration: 1 ear corp. will cease to exist	or berber	ua.)	
	Charles Services and having	2	in Florida, if prior to registration)	<u>.</u>		
	(SEE SECTIONS 607.150) & 60)7.1:	502, F.S., to determine penalty liability)			
300 Central A	venue, Summerville, SC 29483	ı				
ooo oomaar	(Principal office		iresa)	i		
300 Central	Avenue, Summerville, SC 29483	,				
	(Current mailing		iress)	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		
					28	
For Profit/ I.	T Consulting			<u>></u>	2009 NUG	
(Purpose(i) of corporation authorized in home state	ot co	ountry to be carried out in state of Florida)	A	ਫ਼	
Name and street	t address of Florida registered agent:	(P.C	O. Box NOT acceptable)	SET	3	
Name:	Agents and Corporations, Inc.			m _Q		
tamie.				E's	\triangleright	
ffice Address:	300 Fifth Avenue South, Ste 1	01	<u>-330</u>	OA.	ထု	
	Naples		, Florida 34102	<u>~</u>	52	
	(City)		(Zip code)	-	-	
zving been nam	ent's acceptance: ed as registered agent and to accept s	ervi	ice of process for the above stated corp	oration a	t the pla	
signated in this	application. I hereby accept the appo	inte	ment as registered agent and agree to a relative to the proper and complete perj	ct in this	capacii	
riner agree 10 c d I om familia	omply with the provisions of all status with and accept the obligations of m	83 / V DO	relative to the proper and complete perf sillion as registered agent.	of marice	· • • • • • • • • • • • • • • • • • • •	
	11 11/10					
	John of Williams	-				
7	(Registered agent's signat	ure)	<u> </u>			
//	(tog) protect again a sign-	,				

It. 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 Chairman: ___ Address: ___ Vice Chairman: Address: __ Address: __ Address: ____ **B. OFFICERS** President: Patrick Milligan Address: 1004 Cider Ct. Summerville, SC 29483 Vice President: Address: Secretary: Patrick Milligan Address: 1004 Cider Ct. Summerville, SC 29483 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)

14. Patrick Milligan

The State of South Carolina



2009 AUG 31 A 8-d SECRETARY OF STATE TALLAHASSEE, FLORE

Office of Secretary of State Mark Hamisand

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby certify that:

HIPP-WATERS I.T., INC.,

a corporation duly organized under the laws of the State of South Carolina on November 21st, 2002, and having a perpetual duration unless otherwise indicated below, has as of the date hereof filed all reports due this office, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the Corporation that it is subject to being dissolved by administrative action pursuant to section 33-14-210 of the South Carolina Code, and that the corporation has not filed articles of dissolution as of the date hereof.

Given under my Hand and the Great Seal of the State of South Carolina this 15th day of September, 2009.

Mark Hammond, Secretary of State