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(Address)

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(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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Special Instructions to Filing Officer:

WH-64038

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12/27/11--01025--010 \*\*87.50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

12 JAN - 6 PM 5:37

APPROVED  
FILED

1/11

## COVER LETTER

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** Half Moon Construction, Inc.

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Michael F. Foess

Name of Person

Half Moon Construction, Inc.

Firm/Company

9911 Rose Commons Dr., Suite E-148

Address

Huntersville, NC 28078

City/State and Zip code

mfoess@halfmoonconstruction.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Micheal F. Foess

Name of Person

at ( 704 ) 464-3147

Area Code & Daytime Telephone Number

**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 Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Enclosed is a check for the following amount:

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\$70.00 Filing Fee

☐

\$78.75 Filing Fee &  
Certificate of Status

☐

\$78.75 Filing Fee &  
Certified Copy

☒

\$87.50 Filing Fee,  
Certificate of Status &  
Certified Copy



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 28, 2011

MICHAEL F. FOESS  
9911 ROSE COMMONS DR., SUITE E-148  
HUNTERSVILLE, NC 28078

SUBJECT: HMC OF FLORIDA, INC.  
Ref. Number: W11000064038

We have received your document for HMC OF FLORIDA, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name listed in number one of the application must be identical to the name listed in the certificate of existence.

The name and title of the person signing the document must be noted beneath or opposite the signature.

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) 245-6962.

Valerie Herring  
Regulatory Specialist II  
New Filing Section

Letter Number: 511A00028737

**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. Half Moon Construction, Inc.  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

HMC of Florida, Inc.  
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. North Carolina 3. 27-0861953  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 9/8/2009 5. Perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 10602 Bailey Rd., Suite E, Cornelius, NC 28078  
(Principal office address)  
9911 Rose Commons Dr., Suite E-148, Huntersville, NC 28078  
(Current mailing address)

8. Renovation of residential properties  
(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: Angel E. Mendez

Office Address: 13713 West Sunrise Blvd., Suite 205

Sunrise, Florida 33323  
(City) (Zip code)

**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.*

  
(Registered agent's signature)

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.

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TALLAHASSEE, FLORIDA

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12. Names and business addresses of officers and/or directors:

**A. DIRECTORS**

Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS**

President: Robert J. Graham

Address: 1391 Harrelson Rd

Pauline, South Carolina 29374

Vice President: Michael F. Foess

Address: 10602 Bailey Rd, Suite E

Cornelius, North Carolina 28031

Secretary: \_\_\_\_\_

Address: \_\_\_\_\_

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. \_\_\_\_\_

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that 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.

14. Michael F. Foess, Executive Vice President

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



# NORTH CAROLINA

## Department of the Secretary of State

APPROVED  
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12 JAN -6 PM 5:37

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

### CERTIFICATE OF EXISTENCE

I, Elaine F. Marshall, Secretary of State of the State of North Carolina, do hereby certify that

#### **HALF MOON CONSTRUCTION, INC.**

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 8th day of September, 2009, with its period of duration being Perpetual.

I FURTHER certify that, as of the date set forth hereunder, the said corporation's articles of incorporation are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation is not administratively dissolved for failure to comply with the provisions of the North Carolina Business Corporation Act; that its most recent annual report required by N.C.G.S. 55-16-22 has been delivered to the Secretary of State; and that the said corporation has not filed articles of dissolution as of the date of this certificate.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 22nd day of November, 2011.

*Elaine F. Marshall*

Secretary of State

