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| (Ad                     | dress)             |             |
| (Cit                    | ty/State/Zip/Phone | e #)        |
| PICK-UP                 | ☐ WAIT             | MAIL        |
| (Bu                     | isiness Entity Nar | ne)         |
| (Do                     | ocument Number)    |             |
| Certified Copies        | Certificates       | s of Status |
| Special Instructions to | Filing Officer:    |             |
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# RECEIVED

#### **COVER LETTER**

13 JUL 26 AM 10: 10

DEPARTMENT OF STATE BIVISION OF CORPORATIONS-FAULANASSEE, FLORIDA **New Filing Section** TO: **Division of Corporations** 

**HFC Funding Corporation** 

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.

| rease return an correspondence concerning this matter                                | to the following:  |           |             |
|--|--|-----------|-------------|
| William E. McLeod, Esq.  |  |           |             |
| Name of P  | erson  |           |             |
| McLeod & Associates, P.A.  |  |           |             |
| Firm/Comp  | pany   |           |             |
| 10 Professional Parkway  |  |           |             |
| Addres   | S  |           |             |
| Hattiesburg, MS 39402  |  |           |             |
| City/State an  | d Zip code   |           |             |
| idodeals@hfcfunding.com ✓  |  |           |             |
| E-mail address: (to be used for  | or future annual report notification)                                      |           |             |
| For further information concerning this matter, please ca                            | dl: Sa   | 13 AL     |             |
| William E. McLeod at (601  | 545-8299   | AUG-ST AM | T<br>=      |
| Name of Person Area C  | ode & Daytime Telephone Number   | : 35      | $\subset$   |
| STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building | MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 | AM 10: 45 | <b>****</b> |

Enclosed is a check for the following amount:

2661 Executive Center Circle

Tallahassee, FL 32301

■ \$70.00 Filing Fee □ \$78.75 Filing Fee & □ \$78.75 Filing Fee & □ \$87.50 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy

Tallahassee, FL 32314

#### Attorneys:

#### McLEOD & ASSOCIATES, P.A.\*

William E. McLeod, LL.M. (Tax), JD, CPA\* bmcleod@eptaxlaw.com

Jane C. Harkins, LL.M. (Estate Planning), JD\*\*
jane@eptaxlaw.com

Gordon Broom, JD, Of Counsel gbroom@eptaxlaw.com

#### Administrative Assistant:

Linda Welborn Iwelborn@eptaxlaw.com

\* McLeod & Associates, P.A. is not a CPA firm

\*\*Also admitted in Alabama

Attorneys at Law

10 Professional Parkway Hattiesburg, MS 39402 Telephone: (601) 545-8299 Facsimile: (601) 545-8298 Toll Free: (866) 833-3945

www.eptaxlaw.com

#### Paralegals:

Jamie R. Holland jholland@eptaxlaw.com

Brad C. Stinson hstinson@entaxlaw.com

#### Legal Assistant;

Terry Foxx tfoxx@eptaxlaw.com

July 24, 2013

## PRIVILEGED AND CONFIDENTIAL TO BE OPENED BY ADDRESSEE ONLY

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re: HFC Funding Corporation

#### Dear Sir or Madam:

Enclosed for filing with respect to the above-referenced entity are the following documents:

- 1. Cover Letter;
- 2. Original and one (1) copy of the Application By Foreign Corporation For Authorization to Transact Business in Florida;
- 3. Original Certificate of Existence from the Mississippi Secretary of State's office dated June 10, 2013;
- 4. Our firm's check #7123 in the total amount of \$570 to cover the filing fee of \$70 and the late filing fee of \$500.

I would appreciate your filing the enclosed documents and returning the stamped "filed" copies to me for my records.

Thank you for your assistance in this matter. If you should have any questions, please contact me.

## PRIVILEGED AND CONFIDENTIAL

New Filing Section July 24; 2013 · Page 2 of 2

With kindest personal regards, I am,

Very truly yours,

McLEOD & ASSOCIATES, P.A.

William E. McLeod

WEM/jh Enclosures

cc: J. Leslie Hardin, President

#### Attorneys: .

#### McLEOD & ASSOCIATES, P.A.\*

Attorneys at Law

10 Professional Parkway

Hattiesburg, MS 39402

Telephone: (601) 545-8299

Facsimile: (601) 545-8298

Toll Free: (866) 833-3945

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Jane C. Harkins, LL.M. (Estate Planning), JD\*\*

Gordon Broom, JD, Of Counsel gbroom@eptaxlaw.com

Administrative Assistant:

jane@eptaxlaw.com

Linda Welborn lwelborn@eptaxlaw.com

\* McLeod & Associates, P.A. is not a CPA firm

\*\*Also admitted in Alabama

August 1, 2013

#### TO BE OPENED BY ADDRESSEE ONLY

Division of Corporations ATTN: Diane Cushing P.O. Box 6327 Tallahassee, FL 32314

Re:

HFC Funding Corporation Ref. Number W13000042053

Dear Ms. Cushing:

In response to your Letter Number 913A00018153 dated July 26, 2013, enclosed are a copy of your letter and our firm's Check #7139 in the amount of \$70 for the filing fees associated with the Application By Foreign Corporation for Authorization to Transact Business in Florida for the above-referenced entity.

I would appreciate your filing the Application and returning the stamped "filed" copy to me for my records.

Thank you for your assistance in this matter. If you should have any questions, please contact me.

With kindest personal regards, I am,

Verytruly yours,

McLEOD & ASSOCIATES, P.A.

William E. McLeod

WEM/jh Enclosures

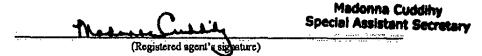
cc: J. Leslie Hardin, President (w/o encl.) (via email)

#### 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.

| · · · · · · · · · · · · · · · · · · · | nding Corporation of Flor                     |  |               |
|---------------------------------------|---|--|---------------|
| MS                                    | •   | me adopted for the purpose of transacting business in Florid $_{3_i}$ 64-0901732 | .a)           |
|                                       | y under the law of which it is incorporated)  | (FBI number, if applicable)  | <del></del> ; |
| 10/29/19                              | 98  | 5, perpetual   |               |
|                                       | e of incorporation)                           | (Duration: Year corp. will cease to exist or "perpetual"                         | <u>"</u>      |
|                                       | 2/28/2013                                     | ,  |               |
|                                       | (Date first transacted business               | s in Florida, if prior to registration)  | <del></del> , |
| 751 Avia                              | non Drive, Suite A Ridgela                    | 7.1502, F.S., to determine penalty flability)                                    |               |
|                                       | (Principal office a                           |  |               |
| 751 Aviar                             |   | nd, MS 39157   |               |
|                                       | (Current mailing a                            | ddress)  | <del></del> . |
| Processi                              | ng and making loans for i                     | multifamily housing projects   | A 5           |
| (Purpose(                             | s) of corporation authorized in home state or | country to be carried out in state of Florida)                                   |               |
| Name and stre                         | et address of Florida registered agent: (F    | P.O. Box <u>NOT</u> acceptable)  |               |
| Name:                                 | CT Corporation System                         | The series carried and the series  | dan<br>Lina   |
| ice Address:                          | 1200 South Pine Island                        | l Rd   |               |
|                                       | Plantation                                    | , Florida 33324  | ラデ            |
|                                       | (City)  | (Zip code)   |               |

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 Chairman: J. Leslie Hardin Address: 751 Avignon Drive, Suite A Ridgeland, MS 39157 Vice Chairman: Address: B. OFFICERS President: J. Leslie Hardin Address: 751 Avignon Drive, Suite A Ridgeland, MS 39157 Vice President: Address: \_ Gina Michelle Hardin Address: 751 Avignon Drive, Suite A, Ridgeland, MS 39157 Treasurer: J. Leslie Hardin Address: 751 Avignon Drive, Suite A, Ridgeland, MS 39157 NOTE: If necessary you may attach an addendum to the application listing additional officers and/or directors. Signature of Director or Officer The officer of 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. J. Leslie Hardin, President and Director

# 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 corporate records, required by the laws of Mississippi, to be filed in my office, do hereby certify:

That on October 29, 1998, the State of Mississippi issued a Charter/Certificate of Authority to:

#### HFC FUNDING CORPORATION

That the state of incorporation is MISSISSIPPI.

That the period of duration is perpetual.

That according to the records of this office, Articles of Dissolution or a Certificate of Withdrawal have not been filed.

That according to the records of this office, a current Annual Report has been delivered to the Office of the Secretary of State.

I further certify that all fees, taxes and penalties owed to this state, as reflected in the records of the Secretary of State, have been paid and that the corporation is in existence or has authority transact business in Mississippi.

JG -B AH IO: 45

Given under my hand and seal of office June 10, 2013

C. Delbert Hosemann, Jr. Secretary of State



# **COVER LETTER**

| TO: New Filing Section Division of Corporations   |            |   |             |
|---|------------|---|-------------|
| SUBJECT: HFC Funding Co.  | rpora      | tion  |             |
| SCB0BC1:  |            | ion - must include suffix   |             |
| Dear Sir or Madam:  |            |   |             |
|   | Good St    | for Authorization to Transact Business in Flori-<br>tanding" and check are submitted to register the<br>iness in Florida. |             |
| Please return all correspondence concerning   | this mat   | tter to the following:  |             |
| William E. McLeod, Esq.   |            |   |             |
|   | Name o     | of Person   |             |
| McLeod & Associates, P.A.   | ٧.         |   |             |
|   | Firm/Co    | ompany  |             |
| 10 Professional Parkway   |            |   |             |
| Hattiesburg, MS 39402   | Ado        | dress   |             |
|   | Lity/State | e and Zip code  | <del></del> |
| idodeals@hfcfunding.com   |            |   |             |
| E-mail address: (1  | o be use   | ed for future annual report notification)   |             |
| For further information concerning this matt  | er, pleas  | e call:   | ् द         |
| William E. McLeod   | 601ر       | , <b>545-829</b> 9  | 13 AUG      |
| Name of Person  | Are        | ea Code & Daytime Telephone Number  |             |
|   |            |   | r*          |
| 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                          | AM 10: 45   |
| Enclosed is a check for the following amour   | ıt:        |   |             |
| ■ \$70.00 Filing Fee S78.75 Filing F  |            | S78.75 Filing Fee & Certified Copy Certificate of Certified Cop   | Status &    |

# 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.

| MC  |   | edopted for the purpose of transacting business in Florida) 64-0901732  |
|---|---|---|
|   | under the law of which it is incorporated)  | (FBI number, if applicable)   |
| 10/29/19  |   | perpetual   |
|   | of incorporation)   | (Duration: Year corp. will cease to exist or "perpetual")   |
|   | 2/28/2013   |   |
| · · · · · · · · · · · · · · · · · · ·   | (Date first transacted business in  | Florida, if prior to registration)  |
| 751 Aviar   | non Drive, Suite A  | 02, F.S., to determine penalty liability)   |
| TO I Avigo  | (Principal office addre   | ASS)  |
| 751 Avian   | on Drive, Suite A   | ova,  |
|   | ng and making loans for mu  |   |
| (Purpose(s<br>Name and <u>stree</u>   | of corporation authorized in home state or count address of Florids registered agent: (P.O.   | ntry to be carried out in state of Florida)  Box NOT acceptable)  |
| (Purpose(s  | of corporation authorized in home state or count address of Florida registered agent: (P.O. CT Corporation System   | ntry to be carried out in state of Florida)  Box NOT acceptable)  |
| (Purpose(s<br>Name and <u>stree</u><br>Name:  | of corporation authorized in home state or count address of Florids registered agent: (P.O.   | ntry to be carried out in state of Florida)  Box NOT acceptable)  |
| (Purpose(s<br>Name and <u>stree</u><br>Name:  | of corporation authorized in home state or count address of Florida registered agent: (P.O. CT Corporation System 1200 South Pine Island R Plantation   | ntry to be carried out in state of Florida)  Box NOT acceptable)  |
| (Purpose(s  | of corporation authorized in home state or count address of Florida registered agent: (P.O. CT Corporation System  1200 South Pine Island R   | ntry to be carried out in state of Florida)  Box NOT acceptable)  |
| (Purpose(s Name and stres Name: fice Address:  Registered agving been namignated in this ther agree to ce | of corporation authorized in home state or count address of Florida registered agent: (P.O. CT Corporation System 1200 South Pine Island R Plantation  (City)  Tent's acceptance: ed as registered agent and to accept service application, I hereby accept the appointment | nitry to be carried out in state of Florida)  Box NOT acceptable)  Rd  Florida 33324  (Zip code)  The of process for the above stated corporation at the place and as registered agent and agree to act in this capacity. I lative to the proper and complete performance of my |

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 Chairman: J. Leslie Hardin Address: 751 Avignon Drive, Suite A Ridgeland, MS 39157 Vice Chairman: \_ Address: Director: Address: **B. OFFICERS** President: J. Leslie Hardin Address: 751 Avignon Drive, Suite A Ridgeland, MS 39157 Vice President: Address: Secretary: Gina Michelle Hardin Address: 751 Avignon Drive, Suite A, Ridgeland, MS 39157 Treasurer: J. Leslie Hàrdin Address: 751 Avignon Drive, Suite A, Ridgeland, MS 39157 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 ox 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. J. Leslie Hardin, President and Director