

F15000000799

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

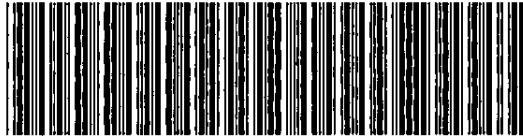
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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02/25/15--01006--023 **87.50

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15 FEB 25 AM 8:18
SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: HOBBS & ASSOCIATES, 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:

DAVID BRYCE

Name of Person

HOBBS & ASSOCIATES, INC

Firm/Company

P. O. BOX 12909

Address

NORFOLK, VA 23541

City/State and Zip code

DBRYCE@HOBBSASSOCIATES.COM

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

For further information concerning this matter, please call:

DAVID BRYCE

757

468-8800

at ()

Name of Person

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:

☐ \$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

Commonwealth of Virginia



State Corporation Commission

CERTIFICATE OF GOOD STANDING

I Certify the Following from the Records of the Commission:

That HOBBS & ASSOCIATES, INC. is duly incorporated under the law of the Commonwealth of Virginia;

That the date of its incorporation is April 26, 1985;

That the period of its duration is perpetual; and

That the corporation is in existence and in good standing in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.



Signed and Sealed at Richmond on this Date:
February 13, 2015

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15 FEB 25 AM 8:03
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Joel H. Peck

Joel H. Peck, Clerk of the Commission

**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.*

HOBBS & ASSOCIATES, INC.

1. _____
(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)

VIRGINIA

54-1325478

2. _____ 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)

1984

N/A

4. _____ 5. _____
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

MARCH 01, 2015

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

4850 BROOKSIDE COURT NORFOLK, VA 23502

7. _____
(Principal office address)

P.O. BOX 12909 NORFOLK, VA 23541

(Current mailing address)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: **Northwest Registered Agent LLC**

Office Address: **3030 N. Rocky Point Dr, STE 150A**

Tampa

(City)

, Florida **33607**

(Zip code)

9. 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.



Dan Keen, Manager

(Registered agent's signature)

10. 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

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

CHARLES B HOBBS

President: _____

3030 NORTH ROCKY POINT DRIVE, SUITE 150A, TAMPA, 33607

Address: _____

WILLIAM H HOBBS, JR

Vice President: _____

3030 NORTH ROCKY POINT DRIVE, SUITE 150A, TAMPA, 33607

Address: _____

JOHN T HOBBS

Secretary: _____

3030 NORTH ROCKY POINT DRIVE, SUITE 150A, TAMPA, 33607

Address: _____

DAVID BRYCE

Treasurer: _____

3030 NORTH ROCKY POINT DRIVE, SUITE 150A, TAMPA, 33607

Address: _____

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TALLAHASSEE FLORIDA

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

12. _____

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.

13. **DAVID BRYCE - TREASURER**

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