# F98000000448

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	To: Qualification/Tax Lien Section Division of Corporations  SUBJECT: HONIMUND 0519V (Name of Corporations)	STNC.		*
	Dear Sir or Madam:			
	The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.			
	Please return all correspondence concerning this m	natter to the following:	10002751 -01/22/39( ** <u>*</u> ***78.75	437 )1059001 *****78.75
	RJ. Hohimas	ne of Person)  CSignature G  m/Corporation	allery	
	<u>828 Mncoln Hoad</u> (Address)			
; ;	Mami Beach, FL 33139 & Sept. (City/State/Zip)			
	Should you need to call someone concerning this matter, please call:    Should you need to call someone concerning this matter, please call:   Should you need to call someone concerning this matter, please call:   Should you need to call someone concerning this matter, please call:   Should you need to call someone concerning this matter, please call:   Should you need to call someone concerning this matter, please call:   Should you need to call someone concerning this matter, please call:   Should you need to call someone concerning this matter, please call:   Should you need to call someone concerning this matter, please call:   Should you need to call someone concerning this matter, please call:   Should you need to call someone concerning this matter, please call:   Should you need to call someone concerning this matter, please call:   Should you need to call someone concerning this matter, please call:   Should you need to call someone concerning this matter, please call:   Should you need to call someone concerning this matter, please call:   Should you need to call someone concerning this matter, please call:   Should you need to call someone concerning this matter, please call:   Should you need to call someone concerning this matter, please call:   Should you need to call someone concerning this matter, please call:   Should you need to call someone concerning this matter, please call:   Should you need to call someone concerning this matter, please call:   Should you need to call someone concerning this matter, please call:   Should you need to call someone concerning this matter, please call:   Should you need to call someone concerning this matter, please call:   Should you need to call someone concerning this matter, please call:   Should you need to call someone concerning this matter, please call someone			
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	STREET ADDRESS:	MAILING ADDRESS	S:	i I
	Qualification/Tax Lien Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399	Qualification/Tax Lien Division of Corporatio P.O. Box 6327 Tallahassee, FL 32314	ns	1/22
	Enclosed is a check for the following amount:			
	□ \$70.00 Filing Fee & Sertificate of Status	☐ \$78.75 Filing Fee & Certified Copy	\$87.50 Filing 1 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 4 FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA. HON IMOU DESCONS, LNC.

(Name of corporation; must include the word INCORPORATED", "COMPANY", "COMP words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.) (State or country under the law of which it is incorporated) 9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable) 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. (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.

12. Names and addresses of officers and/or directors: (Street address ONLY - P.O. Box NOT acceptable) A. DIRECTORS (Street address only - P.O. Box NOT acceptable) Chairman: Vice Chairman: Director: Address: Address: B. OFFICERS (Street address only - P.O. Box NOT acceptable) Address: Vice President: Hohimer Address: ABOVE Secretary: \_ Address: Treasurer: Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application) (Typed or printed name and capacity of person signing application)

#### STATE OF INDIANA

#### OFFICE OF THE SECRETARY OF STATE

#### CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

I, SUE ANNE GILROY, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that #

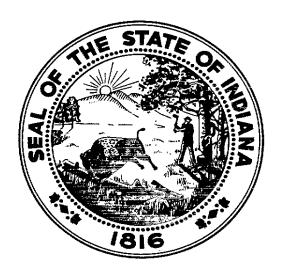
### HOHIMER DESIGNS, INC.

filed Articles of Incorporation on June 01, 1990, and is a corporation duly organized and existing under and by virtue of the laws of the State of Indiana.

I further certify this corporation has filed its most recent annual report required by Indiana law with the Secretary of State, or is not yet required to file such annual reports, and that Articles of Dissolution have not been filed.

DIVINGENTARY OF STATE
OF LINEATIONS
OF STATE
OF

In Witness Whereof, I have hereunto set my hand and affixed the seal of the State of Indiana, at the City of Indianapolis, this Eleventh day of January, 1999.



Sue anne Gilroy, Secretary of State

Deputy