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ALLAHASSEE FLORIDA

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#### TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Hobbs & Hobbs, L.L.C.	
(Name of Limited Li	ability Company)
The enclosed "Application by Foreign Limited Liability Florida," Certificate of Existence, and check are submitted liability company to transact business in Florida	
Please return all correspondence concerning this matter t	o the following:
Jacob Beil	
(Name of	Person)
Jacob Beil, Attorney-at-Law	<u> </u>
(Firm/Con	npany)
P.O. Box 1126	(၇ <u>)</u> (၇)
(Addr	PH 12: 05
,	F. R.
C-1	OK OF
Columbus, GA 31902 (City/State and	
(City/State and	1 Zip Code)
For further information concerning this matter, please ca	П:
-	
Teach Pail	706 ) 596-9912
Jacob Beil at ( (Name of Person)	706 ) 596-9912  Area Code & Daytime Telephone Number)
(Name of Ferson)	nou code as Buy mine receptions remains any
STREET ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
409 E. Gaines Street	P.O. Box 6327
Tallahassee, Florida 32399	Tallahassee, Florida 32314
Enclosed is a check for the following amount:	
XXX \$125.00 Filing Fee  \$130.00 Filing Fee &  \$ Certificate of Status	S155.00 Filing Fee & S160.00 Filing Fee, Certificate Certified Copy of Status & Certified Copy

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	(Name of Foreign Limited	Lial	ability Company)	
_	Georgia	3.	Applied For	
	urisdiction under the law of which foreign limited liability ompany is organized)		(FEI number, if applicable)	
	September 17, 2004	5.	2029	
•	(Date of Organization)		(Duration: Year limited liability company will cease to exist or "perpetual")	
	Upon request.			
•	(Date first transacted business in F (See sections 608.501 & 608.502 F.	lorio S. to	ida, if prior to registration.) to determine penalty liability)	
•	6422 Cape Cod Drive			
	Columbus, GA 31904			
•	(Street Address	s of	f Principal Office)	
	If limited liability company is a manager-manage  The name and usual business addresses of the ma			
•	Charles R. Hobbs, 6422 Cape Cod Driv			
	Richard K. Hobbs, 6903 Liberty Stree	t,	Navarre, FL 32566	
				7
Ω	A the sheet is an existing a cartificant of existence as a more than 0	n da	ays old, duly authenticated by the official having custody of rec	omic Omic
ne_	iurisdiction under the law of which it is organized. (A photocosslation of the certificate under oath of the translator must be su	py is	is not acceptable. If the certificate is in a foreign language, a	<b></b>
1.	Nature of business or purposes to be conducted and treatment business, as well as a activities with respect to interior	11	promoted in Florida: Window blinds, drapes related and ancillary businesses and sign and improvements.	;
•	Charles of Hob	be	-	
		F.S.	horized representative of a member.  S., the execution of this document constitutes ry that the facts stated herein are true.)	

Typed or printed name of signee

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of	the Limited Liability Comp	pany is:			
Hobbs &	Hobbs, L.L.C.				
2. The name an	d the Florida street address	of the registered age	ent and office are:		
	Richard K. Hobbs			<u>.                                    </u>	
		(Name)			
	6903 Liberty Stree				
	Florida Street Ad	dress (P.O. Box NOT A	CCEPTABLE)		
	Navarre	FL	32566	TALL OF C	
		City/State/Zip		AHA	* 1
liability company agent and agree relating to the pr	ned as registered agent and y at the place designated in t to act in this capacity. I fur coper and complete perform y position as registered agen	this certificate, I here ther agree to comply ance of my duties, and	by accept the appoin with the provisions o d I am familiar with o	tment as re <del>g</del> f alEstatutes. and accept H	stered
Richard K. H	(Signature)				

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

### **Secretary of State**

Corporations Division 315 West Tower #2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530 CONTROL NUMBER : 0455739
DATE INC/AUTH/FILED: 09/17/2004
JURISDICTION : GEORGIA
PRINT DATE : 09/30/2004

FORM NUMBER : 211

JACOB BEIL P.O. BOX 1126 18-9TH STREET, HERITAGE TOWER SUITE 301 COLUMBUS, GA 31902

#### CERTIFICATE OF EXISTENCE

I, Cathy Cox, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that as of the above brint date

GEORGIA LIMITED LIABILITY COMPA

is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated.

Said entity was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date and has not filed articles of dissolution, certificate of cancellation of any other similar document with the Office of the Secretary of State

This certificate relates only to the legal existence of the above-named entity as of the print date above. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This information is electronically transmitted, issued and certified in accordance with the Georgia Electronic Records and Signatures Act and Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

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Cathy Cox Secretary of State