# M04000004358

(Re	equestor's Name)	
(Ac	ldress)	
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(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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#### TRANSMITTAL LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Hintonth:   LC (Name of Limited Liability Company)		
( The same of the		
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida		
Please return all correspondence concerning this matter to the following:		
(Name of Person)		
Hintontill LLC (Firm/Company)		
(Philis Company)		
5111 PEGAJUS COURT - SUITE G		
(Address)		
Freduck MD 21704		
(City/State and Zip Code)		
For further information concerning this matter, please call:		
Jim Destamo at (301) 694-2701 x 212		
(Name of Person) (Area Code & Daytime Telephone Number)		
(City/State and Zip Code)  For further information concerning this matter, please call:    City/State and Zip Code		
Division of Corporations Division of Corporations		
409 E. Gallies Street P.O. Box 0327		
Tallahassee, Florida 32399 Tallahassee, Florida 32314		
Enclosed is a check for the following amount:		
☐ \$125.00 Filing Fee \$ ☐ \$130.00 Filing Fee & ☐ \$155.00 Filing Fee & ☐ \$160.00 Filing Fee, Certificate  Certificate of Status 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 REC	HSTER A FOREIGN
LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:	
1. Hinronthill LLC	
(Name of Foreign Limited Liability Company)	
2. // My/mod 3. 03-0390/89 (Jurisdiction under the law of which foreign limited liability 3. (FEI number, if applicable)	
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)	
$\mathcal{L}_{\mathcal{L}}}}}}}}}}$	
4. (Date of Organization)  5. (Duration: Year limited liability company we exist or "perpetual")	·11
exist or "perpetual")	in cease to
6. 3/1/04	
(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)	
	,
7. JIII PERASUS COURT - SUINE G	<u> </u>
Fraderick MA 21704	
(Street Address of Principal Office)	<del></del> -
(onest, remote of 1 morphi o mos)	
8. If limited liability company is a manager-managed company, check here	
9. The name and usual business addresses of the managing members or managers are as follow	vs:
Dow Hill - member Boxes Hinter - member	
A	
WATER - Member	
O	6
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having c	uotodi va Emocada in
the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign l	
ranslation of the certificate under oath of the translator must be submitted.)	
, , , , , , , , , , , , , , , , , , ,	$\overline{\omega}$
11. Nature of business or purposes to be conducted or promoted in Florida:	
DINOCT MAIL DOGET MGMI	·
Jy	
Signature of a prember or an authorized representative of a member.	
(In accordance with section 608.408(3), F.S., the execution of this document constitutes	
an aftermation under the penalties of perjury that the facts stated herein are true.)	56 ca .
an Aprimation under the penalties of perjury that the facts stated herein are true.)	4 cen

## 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 Company is:
Himontill LLC
2. The name and the Florida street address of the registered agent and office are:
Ton EnmERSON (Name)
Florida Street Address (P.O. Box NOT ACCEPTABLE)
TRINITY FL 34677 City/State/Zip
Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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—relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.

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

### STATE OF MARYLAND

#### Department of Assessments and Taxation

I, PAUL B. ANDERSON OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO LIMITED LIABILITY COMPANIES OR THE RIGHTS OF LIMITED LIABILITY COMPANIES TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT HINTONHILL, LLC IS A LIMITED LIABILITY COMPANY EXISTING UNDER AND BY VIRTUE OF THE LAWS OF THE STATE OF MARYLAND, AND THAT THE LIMITED LIABILITY COMPANY IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING TO TRANSACT BUSINESS.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS OCTOBER 07, 2004.

Paul B. Anderson Charter Division



301 West Preston Street, Baltimore, Maryland 21201
Telephone Balto. Metro (410) 767-1340 / Outside Balto. Metro (888) 246-5941
MRS (Maryland Relay Service) (800) 735-2258 TT/Voice
Fax (410) 333-7097