# M05000006662

(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:

Office Use Only



200061724622

11/30/05--01030--005 \*\*155.00

M05-666.



November 28, 2005

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

To Whom It May Concern:

As requested, attached are filings for the following:

- 1. Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida
- 2. Application for the Reservation of a Trade or Service Mark
- 3. Application for Registration of Fictitious Name

Should you have any questions, please do not hesitate to contact me.

Sincerely,

Mitchell Pau Secretary

#### **COVER LETTER**

TO: Registration Section Division of Corpora			
SUBJECT: Hooligan	ns, LLC		
	(Name of Lim	nited Liability Company)	
	stence, and check are su	ability Company for Authorization to Transact Busin ubmitted to register the above referenced foreign lim	
Please return all correspond	dence concerning this m	natter to the following:	
Mitch	ell Paul		
	(Na	ame of Person)	
Insur	ance Designers (		
	(Fir	rm/Company)	
300 R	edland Court, Su	<del></del>	
		(Address)	
Owing		117	
	(City/St	tate and Zip Code)	
For further information cor	ncerning this matter, ple	ease call:	
Mitchell	Paul	at (410) 356-4020	
(Nar	ne of Person)	(Area Code & Daytime Telephone Number)	
MAILING ADDR	ESS:	STREET ADDRESS:	
Division of Corpora	ations	Division of Corporations	
P.O. Box 6327		Clifton Building	
Tallahassee, FL 32	314	2661 Executive Center Circle Tallahassee, FL 32301	
Enclosed is a check for the ☐\$125.00 Filing Fee	following amount:  \$130.00 Filing Fee & Certificate of		

#### 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: 1. Hooligans, LLC (Name of Foreign Limited Liability Company) (Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable) Perpetual (Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual") (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) 7. 300 Redland Court, Suite 105 Owings Mills, MD (Street Address of Principal Office) 8. If limited liability company is a manager-managed company, check here x 9. The name and usual business addresses of the managing members or managers are as follows: Jeffrey Cohen, 300 Redland Court, Suite 105, Owings Mills, MD 21117 10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.) 11. Nature of business or purposes to be conducted or promoted in Florida: <u>Trivestments</u> and any other parposes permitted by law. Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.) Jeffrey B. Cohen 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 Company is:			
Hooligans, LLC			_
2. The name and the Florida street address of the registered agent and office are:			
Jeffrey Cohen (Name)	_		
(2.111.0)			
2400 East Commercial Boulevard, Suite Florida Street Address (P.O. Box NOT ACCEPTABLE)	<u>4</u> 00		
Ft_Lauderdale FL 33308 City/State/Zip	_		
Having been named as registered agent and to accept service of process for the above liability company at the place designated in this certificate, I hereby accept the appoint agent and agree to act in this capacity. I further agree to comply with the provisions of relating to the proper and complete performance of my duties, and I am familiar with a obligations of my position as registered agent as provided for in Chapter 608, Florida	tment as i f all statu and accep	registe ıtes	
(Signature)	RETARY OF STATE HASSEE, FLORID,	EC -2 PH 1:23	FILED
\$ 100.00 Filing Fee for Application \$ 25.00 Designation of Registered Agent	Þ		
3 25.00 Designation of Registered Agent			

\$ 30.00 Certified Copy (optional)

\$ 5.00

Certificate of Status (optional)

## Delaware

DAGE 1

#### The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HOOLIGANS, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIFTEENTH DAY OF NOVEMBER, A.D. 2005.

FILED
05 DEC -2 PM 1: 23
SECRETARE F. FLORIDA



Warriet Smith Hindson
Harriet Smith Windson, Secretary of State

Parriet Smith Windsor, Secretary of State

AUTHENTICATION: 4298313

DATE: 11-15-05

3987461 8300

050928124