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SECRETATION PM 1: 48

#### **COVER LETTER**

_	stration Section ion of Corporations	
SUBJECT:	HEXAGON INVESTMEN	ITS LLC
	(Name of	Limited Liability Company)
Florida," Cer	l "Application by Foreign Limited tificate of Existence, and check a pany to transact business in Floric	I Liability Company for Authorization to Transact Business in re submitted to register the above referenced foreign limited da
Please return	all correspondence concerning th	nis matter to the following:
	PAUL C. WESCH	
		(Name of Person)
	THE MITCHELL COMPAI	NY, INC.
		(Firm/Company)
	41 WEST 1-65 SERVIO	CE ROAD NORTH (Address)
	MOBILE ALABAMA	36608
	(Cit	y/State and Zip Code)
For further in	formation concerning this matter	, please call:
	PAUL C. WESCH	at ( 251 ) 380-2929
	(Name of Person)	(Area Code & Daytime Telephone Number)
MAII	LING ADDRESS:	STREET ADDRESS:
	ion of Corporations	Division of Corporations
	3ox 6327 nassee, FL 32314	Clifton Building 2661 Executive Center Circle
Tanan	1055CC, I'L 323 [4	Tallahassee, FL 32301
	check for the following amount: 5.00 Filing Fee \$\square\$	re & \$\Bigsim\$155.00 Filing Fee & \$\Bigsim\$\$160.00 Filing Fee, Certificate te of Status & Certified Copy of Status & Certified Cop



December 19, 2005

PAUL C. WESCH 41 WEST I-65 SERVICE ROAD NORTH MOBILE, AL 36608

SUBJECT: HEXAGON INVESTMENTS LLC

Ref. Number: W05000055564

We have received your document for HEXAGON INVESTMENTS LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6853.

Letter Number: 305A00072524

Leslie Sellers Document Specialist

#### 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:

<u> </u>			(Nan	ne of Forei	gn Limite	d Liab	ility Compa	iny)						
ALAB	AMA		•		-	_	20-39		15					
urisdiction ompany is o	ınder t		f which fo	reign limit	ed liability	y 3	<u> </u>			er, if	applical	ole)		
NOV	11, (Date	2005 of Org	anization)		<del></del> .	5	PEB (Duration: exist or "p	Year Year erpetu	limited	liabil	ity comp	any	will cea	se to
N/A		(Î	ate first tra	ansacted by	ısiness in 608.502 F	Florid S. to	a, if prior to determine p	regist cenalty	tration. liabili	ty)				<del></del>
41 W	EST	1-65	SERV	ICE RO	AD NO	RTH					·•			
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11011					eet Addre	ss of I	rincipal Of	fice)					<u></u>	
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Typed or printed name of signee

Paul C. Wesch

### 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:	
HEXAGON IN	VESTMENTS LLC	
2. The name and	d the Florida street address of the registered agent and offic	ce are:
	JOSEPH J. CAMPUS III	
	(Name)	<del></del>
	3298 SUMMIT BLVD #18	
	Florida Street Address (P.O. Box NOT ACCEPTABLE)	
·	PENSACOLA FL 32503	···-
	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)

5.00 Certificate of Status (optional)

Nancy L. Worley Secretary of State P.O. Box 5616 Montgomery, AL 36103-5616

## STATE OF ALABAMA

I, Nancy L. Worley, Secretary of State of the State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that

the domestic corporate records on file in this office disclose that Hexagon Investments LLC organized in the office of the Judge of Probate of Mobile County on November 15, 2005. I further certify that the records do not disclose that said Hexagon Investments LLC has been dissolved.

SECRETAL OF STATE
TALLAHASSEE, FLORIDA



In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the City of Montgomery, on this day.

Janey S. Sarley

December 5, 2005

Date

Nancy L. Worley

**Secretary of State**