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| (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: | | |
| John Land | | |
| | | |
| Farle | | |

Office Use Only



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SECKETARY OF STATE
ALL AHASSEF, FLORIDA

COVER LETTER

| TO: Registration Section Division of Corporations | |
|--|---|
| SUBJECT: HAMLIN ENTERRI (Name of Lim | SES LLC |
| (Name of Lim | nited Liability Company) |
| •• • • • | ability Company for Authorization to Transact Business in ubmitted to register the above referenced foreign limited |
| Please return all correspondence concerning this n | natter to the following: |
| TRACY | V L. HAMLIN |
| (Na | when the contraction of Person () |
| HAMLIN ENTER | PRISES LLC rm/Company) |
| (1.1) | in Company) |
| 1.830. TURTLE | Hice Rd. |
| | (Address) |
| ENTERPRISE FL. | 32725 |
| (City/St | tate and Zip Code) |
| For further information concerning this matter, ple | ease call: |
| TRACY L. HAMLIN | at (407) 321-430 ((Area Code & Daytime Telephone Number) |
| (Name of Person) | (Area Code & Daytime Telephone Number) |
| MAILING ADDRESS: | STREET ADDRESS: |
| Division of Corporations | Division of Corporations |
| P.O. Box 6327 | Clifton Building |
| Tallahassee, FL 32314 | 2661 Executive Center Circle Tallahassee, FL 32301 |
| Enclosed is a check for the following amount: \$\Boxed{15.00}\$\$125.00 Filing Fee \$\Boxed{25.00}\$\$\$ Certificate of | |

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

IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: HAMUN ENTERPRISES LLC
(Name of Foreign Limited Liability Company) 3. 20 - 5469786 (FEI number, if applicable) JELEWARE

(Jurisdiction under the law of which foreign limited liability company is organized) 4. <u>8-31-06</u> (Date of Organization) 5. PERPETUAL
(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) 1830 TURTLE HILL Rd. ENTERPRISE FL.32725 (Street Address of Principal Office) 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 follows TRACY L. HAMLIN . 1830 TURTLE HILL Rd. ENTERPRISE FL. 32725 MELINDA HAMLIN 1830 TURTLE HILL Pd. ENTERPRISE FL 32725 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: INSPECTIONS PEST CONTROL SUPPLIES, CONSULTANT. 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.) TRACY L. HAMLIN
Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 $_{\rm OT}$ 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: |
|---|
| HAMLIN ENTERPRISES LLC |
| 2. The name and the Florida street address of the registered agent and office are: |
| TRACY L. HAMLIN |
| 1830 TURTLE HILL Rd. |
| Florida Street Address (P.O. Box NOT ACCEPTABLE) |
| ENTERPRISE FL 32725 City/State/Zip |
| 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. (Signature) |
| |

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

Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HAMLIN ENTERPRISES, 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 THIRTY-FIRST DAY OF AUGUST, A.D. 2006.



Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 5014501

DATE: 08-31-06

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