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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:





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SECKE JARY OF STATE
TALLAHASSEE, FLORIDA DIVISION OF STATE
TALLAHAS DIVISION OF STATE
TALLAHAS

JB

#### **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: HCG, LLC (Name of Limit	ed Liability Company)
	ility Company for Authorization to Transact Business in omitted to register the above referenced foreign limited
Please return all correspondence concerning this ma	tter to the following:
Faye Norm	ne of Person)
P.O. Box1	O7 AUG - 8 PH 1: 41  126  Address)
Dothan A	FL 36302  The and Zip Code)
For further information concerning this matter, plea	
Faye Norman (Name of Person)	at (334) 699-6410 (Area Code & Daytime Telephone Number)
MAILING ADDRESS: Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	STREET ADDRESS: Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
Enclosed is a check for the following amount:  \$\sum_\$125.00 \text{ Filing Fee & Certificate of \$\sqrt{5}\$}\$	\$155.00 Filing Fee & \$\Bigcup\$\$160.00 Filing Fee, Certificate 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 REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C.," "LLC.") (Jurisdiction under the law of which foreign limited liability company is organized) (Duration: Year limited liability company will cease to (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) 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: Jenniter Howard P.O. Box 1726 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.) Signature of a metaber 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.)

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:	
HCG, LLC	<del>.</del>
If name unavailable, the alternate name to be used in the state of Florida is:	
FLHCG LLC	-
2. The name and the Florida street address of the registered agent and office are:	
Thomas S. Gibson  116 Sailors Cove to Fig.	
116 Sailors Core to Fig.	C
Florida Street Address (P.O. Box NOT ACCEPTABLE)	-
Port St. Joe FL 32458 4	

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
\$ 25.00 Design

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

## WRITTEN CONSENT TO ADOPT ALTERNATE NAME FOR USE IN THE STATE OF FLORIDA

We, the undersigned, do hereby certify that we are the Managers and/or Managing
Members of HCGLLC (Name of Limited Liability Company)
a limited liability company duly organized and existing under the laws of
(State or Country of Organization)
Because the name of this foreign limited liability company does not satisfy the
requirements of the s. 608.406, F.S., the limited liability company hereby adopts the
following name to transact business in the state of Florida:
(Name to be used by limited liability company in Florida. NOTE: Name must end with Limited Liability Company, L.L.C., or LLC.)  Date: Aug 7, 2007  Signature(s) of Manager(s) and/or Managing Member(s):  Aug 7, 2007  Signature(s) of Manager(s) and/or Managing Member(s):

Beth Chapman Secretary of State P.O. Box 5616 Montgomery, AL 36103-5616

## STATE OF ALABAMA

I, Beth Chapman, 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 HCG, LLC organized in the office of the Judge of Probate of Houston County on March 2, 2006. I further certify that the records do not disclose that said HCG, LLC has been dissolved.

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SECKE JARY OF STAIL



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.

July 24, 2007

Date

Beth Chapman

Beth Chapman

Secretary of State-