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SECRETARY OF STATE
SECRETARY OF STATE

## COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: HILGEMAN (Name	e of Limited Liability Company)
	nited Liability Company for Authorization to Transact Business in ck are submitted to register the above referenced foreign limited lorida.
Please return all correspondence concerning	ng this matter to the following:
DON L.	(Name of Person)
HILG-EMAN	(Firm/Company)
501 65	Th STREET (Address)
HOLMES.	BEACH, FL. 34217 (City/State and Zip Code)
For further information concerning this ma	utter, please call:
(Name of Person)	1 (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 amou  \$125.00 Filing Fee \$130.00 Filing Certification   \$125.00 Filing Fee	g Fee & \$\sumsymbol{\simsymbol{\su}\simsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sum}\sin
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### 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:

1. HILGEMAN INVESTMENTS, LLC (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.")	
2. STATE OF WYOMING 3.  (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)	
4. MARCH 15, 2007 (Date of Organization)  5. PERPETUAL (Duration: Year limited liability company will cease to exist or "perpetual")	
6. O9 05 08  (Date first transacted business in Florida, if prior to registration.) (See sections 608,501 & 608,502 F.S. to determine penalty liability)	
HOLMES BEACH FL. 34217 (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:	9
DON L. HILGEMAN 501 65th ST. HOLMES BCH, FL. 3421 DORIS L. HILGEMAN 501 65th ST., HOLMES BEACH, FL. 342	> />
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:	
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.)  Dow L. HILGEMAN	
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:	
HILGEMAN INVESTMENTS, LLC	
If name unavailable, the alternate name to be used in the state of Florida is:	
2. The name and the Florida street address of the registered agent and office are:	
DON L. HILGEMAN (Name)	TACE OB
501 65th STREET Florida Street Address (P.O. Box NOT ACCEPTABLE)	B SEP 22 I
HOLMES BEACH FL 34217 City/State/Zip	PH 2: 29 OF STATE
	<b>P</b> 150

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)

## STATE OF WYOMING Office of the Secretary of State

I, MAX MAXFIELD, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

#### HILGEMAN INVESTMENTS, LLC

is a

#### **Limited Liability Company**

formed or qualified under the laws of Wyoming did on **March 15, 2007**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2007-000535022**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 4th day of September, 2008 at 10:13 AM. This certificate is assigned 003693021.



Mas Massielo
Secretary of State

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website http://wyobiz.wy.gov and following the instructions displayed under Validate Certificate.