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SECRETARY OF STATE

THE STATE OF THE S

T. CLINE

FEB 20 2009

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: SOUTHERN INVESTMENT (Name of Limit	ited Liability Company)	
The enclosed "Application by Foreign Limited Lia Florida," Certificate of Existence, and check are su liability company to transact business in Florida		
Please return all correspondence concerning this m	natter to the following:	
HECTOR GARCIA	(D)	
(Na	me of Person)	
SOUTHERN INVESTM (Fir	NEUTS HG, LLC PO	7009 FEB 19
(Fir	m/Company)	H T
12895 SW 132 STR		
	(Address)	AN 10.51
MIAMI FLORIDA (City/Str	33/86 P	<u>디</u>
(City/Sta	ate and Zip Code)	
For further information concerning this matter, ple	ase call:	
YOLANDA HERNANDEZ	at (305) 971-0102- (Area Code & Daytime Telephone Number)	
(Name of Person)	(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} \sum_\$130.00 \text{ Filing Fee & Certificate of } \]	\$155.00 Filing Fee & \$\sum \\$160.00 Filing Fee, 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:

1. SOUTHERN INVESTMENTS HG LLC

(Name of Foreign Limited Liability Company: must include "Limited Liability Company" "L.L.C." or "L.L.C.")

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "L	LC.")	
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a consent of the managers or managing members adopting the alternate name. The alternate name must include "Lin Company," "L.L.C.," "LLC.")		
2. STATE OF ALASKA (Jurisdiction under the law of which foreign limited liability company is organized) 3. 26-4240336 (FEI number, if applicable)		
4. /2/12/2008 5. PERPETUAL (Date of Organization) (Duration: Year limited liability company wiexist or "perpetual")		
6. (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)	SEPRETARY	N PT TO THE STREET
7. 12895 SW 132 STREET, SUITE 200 MIAMI FLORIDA 33186 (Street Address of Principal Office)	2009 FEB 19 AH ID: 57	ACT OF THE PARTY O
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:		
HECTOR GARCIA	······	
12895 SW 132 STREET Miami, FLORIDA 33186		
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having of the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign lateral translation of the certificate under oath of the translator must be submitted.)		ds in
11. Nature of business or purposes to be conducted or promoted in Florida:	<u>.</u>	
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.) HECTOR GARCIA		
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:	
SOUTHERN INVESTMENTS HG, LLC	····
If name unavailable, the alternate name to be used in the state of Florida is:	
	73
2. The name and the Florida street address of the registered agent and office are:	2009 FEB 19 AM 10: 57 SECRETARY OF STATE THE LANASSEE, FLORID
GERARDO AGUIRRE	0 × 0
GERARDO AGUIRRE (Name)	FELOR FOR
Florida Street Address (P.O. Box NOT ACCEPTABLE)	56 2
Florida Street Address (P.O. Box NOT ACCEPTABLE)	
MIAMI FL 33/86 City/State/Zip	
City/State/Zip	
Having been named as registered agent and to accept service of process for the above staliability company at the place/designated in this certificate, I hereby accept the appointment agent and agree to actin this capacity. I further agree to comply with the provisions of a relating to the proper and complete performance of my duties, and I am familiar with and obligations of my position as registered agent as provided for in Chapter 608, Florida Sta	ent as registered all statutes d accept the
CHERARDO AGUIRRE	
\$ 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 Alaska Department of Commerce, Community, and Economic Development

CERTIFICATE OF GOOD STANDING

THE UNDERSIGNED, as Commissioner of Commerce, Community, and Economic Development of the State of Alaska, and custodian of corporation records for said state, hereby certifies that

SOUTHERN INVESTMENTS HG, LLC

on the 12th day of December, 2008 filed in this office its Articles of Organization for a Limited Liability Company organized under the laws of this state.

I FURTHER CERTIFY that said Limited Liability Company is in good standing, having fully complied with all the requirements of this office.

No information is available in this office on the financial condition, business activity or practices of this corporation.



IN TESTIMONY WHEREOF, I execute this certificate and affix the Great Seal of the State of Alaska on the 13th day of February, 2009.

Amis notti

Emil Notti Commissioner

Certification Number: 317436-1

Verify this certificate online at https://myalaska.state.ak.us/business/soskb/verify.asp