# M0900001997

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#### **COVER LETTER**

**TO:** Registration Section

Division of Corporations	
SUBJECT: Hilliard Street Capital, LLC	
· · · · · · · · · · · · · · · · · · ·	ted Liability Company)
· · · · · · · · · · · · · · · · · · ·	bility Company for Authorization to Transact Business in bmitted to register the above referenced foreign limited
Please return all correspondence concerning this m	atter to the following:
Thomas Trujillo	
(Nai	me of Person)
Hilliard Street Capital, LLC	
(Fin	m/Company)
1301 Riverplace Blvd, Suite	e 1100
	(Address)
Jacksonville, FL 32207	
(City/Sta	ate and Zip Code)
For further information concerning this matter, plea	ase call:
Thomas Trujillo	at (904 ) 520-7704 (Area Code & Daytime Telephone Number)
(Name of Person)	(Area Code & Daytime Telephone Number)
MAILING ADDRESS:	STREET ADDRESS:
Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301
Enclosed is a check for the following amount:  \$\Bigsim \frac{1}{2}\$125.00 Filing Fee & Certificate of	\$155.00 Filing Fee & \$\Bigs\\$160.00 Filing Fee, Certificate Status Certified Copy of Status & Certified Copy



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

April 13, 2009

THOMAS TRUJILLO 1301 RIVERPLACE BLVD., SUITE 1100 JACKSONVILLE, FL 32207

SUBJECT: HILLIARD STREET CAPITAL, LLC

Ref. Number: W09000017200

We have received your document for HILLIARD STREET CAPITAL, LLC and your check(s) totaling \$130.00. However, the document has not been filed and is being retained in this office for the following:

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper, that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

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) 245-6067.

Neysa Culligan Regulatory Specialist II

Letter Number: 809A00012317

## 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. Hilliard Street Capital, LLC, (Name of Foreign Limited Liability Compa	my; must include "Limited Liability Company," "L.L.C	C.," or "LLC.")
	I for the purpose of transacting business in Florida and opting the alternate name. The alternate name must inc	
<sub>2.</sub> Delaware	3.	
(Jurisdiction under the law of which foreign limit company is organized)	ited liability (FEI number, if applic	able)
4. 11/18/2008	<sub>5.</sub> Perpetual	
(Date of Organization)	(Duration: Year limited liability con exist or "perpetual")	npany will cease to
6		09 TAIL
(Date first transacted to (See sections 608.501 &	business in Florida, if prior to registration.) & 608.502 F.S. to determine penalty liability)	AR AR
7. 1301 Riverplace Blvd, Suite	1100	27
Jacksonville, FL 32207		
· · · · · ·	treet Address of Principal Office)	
8. If limited liability company is a manage	er-managed company, check here 🗸	J: 29 TATE ORIDA
9. The name and usual business addresses	s of the managing members or managers are a	s follows:
Michael Hodge - 1301 River	place Blvd, Suite 1100, Jacksonvi	lle, FL 32207
	- Andrew Control of the Control of t	
Mark Plunkell - 1301 Riverpi	ace Blvd, Suite 1100, Jacksonville	), FL 32207
<u> </u>	more than 90 days old, duly authenticated by the official I. (A photocopy is not acceptable. If the certificate is in a or must be submitted.)	
11. Nature of business or purposes to be c	conducted or promoted in Florida: Investme	ent management
400.	<i>Y</i>	
	ber or an authorized representative of a member of 608.408(3), F.S., the execution of this document constitute	
	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:	
Hilliard Street Capital LLC.	
If name unavailable, the alternate name to be used in the s	tate of Florida is:
2. The name and the Florida street address of the registered	
Michael Hodge	09 MAY 27 SECRETATI TALLAHASS
(Name)	
1301 Riverplace Blvd, Suite 11	100 역의 물 것
Florida Street Address (P.O. Box N	NOT ACCEPTABLE)  AH ID: 29
Jacksonville FL	
City/State/Zi	ip
Having been named as registered agent and to accept service liability company at the place designated in this certificate, agent and agree to act in this capacity. I further agree to correlating to the proper and complete performance of my dutie obligations of my position as registered agent as provided for (Signature)	I hereby accept the appointment as registered imply with the provisions of all statutes es, and I am familiar with and accept the
\$ 100.00 Filing Fee fo	or Application

\$ 25.00

\$ 30.00 \$ 5.00

Designation of Registered Agent

**Certificate of Status (optional)** 

Certified Copy (optional)

## Delaware

PAGE

### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "HILLIARD STREET CAPITAL L.L.C." 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 TWENTIETH DAY OF MAY, A.D. 2009.

4625448 8300

090502837

AUTHENTY CATION: 7315212

DATE: 05-20-09

You may verify this certificate online at corp. delaware. gov/authver.shtml