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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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B. KOHR
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11 JUN 20 PH 3: 29



1203 Governors Square Blvd. Tallahassee, FL 32301-2960 850 222 1092 tel 850 878 5368 fax www.ctlegalsolutions.com

June 17, 2011

Department of State, Florida Clifton Building 2611 Executive Center Circle Tallahassee FL 32301 1 Jun 20 pm 3: 29

file and

Re:

Order #: 8174169 SO

Customer Reference 1: None Given Customer Reference 2: None Given

Dear Department of State, Florida:

Please obtain the following:

Hine Automation, LLC (DE) Registration Florida

Hine Automation, LLC (FL) Certificate of Status-Domestic Florida

Hine Automation, LLC (DE) Certificate of Status-Foreign Florida

Hine Automation, LLC (DE) Cert Copy of Application for Authority-Foreign Florida

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092. Thank you very much for your help.



#### 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. HINE AUTOMATION, LLC  (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "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. DELAWARE (Jurisdiction under the law of which foreign limited liability company is organized)  3. 270637634 (FEI number, if applicable)
4. JUNE 16, 2011 (Date of Organization)  5. PERPETUAL (Duration: Year limited liability company will cease to exist or "perpetual")
(Date of Organization)  (Duration: Year limited liability company will cease to exist 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)
7. 11930 RACE TRACK ROAD, UNIT O4
TAMPA FL 33626  (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:
LOGIX TECHNOLOGY GROUP, LLC
10460 ROOSEVELT BLVD. N., PMB 101
ST. PETERSBURG, FL 33716
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:
ANY AND ALL LAWFUL BUSINESS .
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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

L. JAMES DICKSON, as Authorized Representative

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 Life	nited Liability Comp	bany is:	
HINE AUTOMA	TION, LLC		
If unavailable, the alter	nate to be used in the	e state of Florida is:	
2. The name and the F	lorida street address	of the registered agent and office	are:
CTC	ORPORATION S	YSTEM	
		(Name)	
1200 \$	SOUTH PINE ISLA		
	Florida Street Add	ress (P.O. Box NOT ACCEPTABLE)	
PLAN	TATION	FL 33324 City/State/Zip	
liability company at the agent and agree to act ir relating to the proper an	place designated in the state of the state o	o accept service of process for the chis certificate, I hereby accept the after agree to comply with the provisince of my duties, and I am familiar as provided for in Chapter 608, Fi	ppointment as registered ions of all statutes with and accept the orida Statutes.  Madonna Cuddihy
	\$ 100.00 \$ 25.00 \$ 30.00 \$ 5.00	Filing Fee for Application	Special Assistant Secretary

## Delaware

### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HINE AUTOMATION, 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 SEVENTEENTH DAY OF JUNE, A.D. 2011.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

DATE: 06-17-11

AUTHENTYCATION: 8842330

8300