# M12000001493

		•
(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	:y/State/Zip/Phone i	#)
, <b>\</b>	,	•
PICK-UP	MAIT	MAIL
(Bu	siness Entity Name	<del>)</del>
(0.	A Division of the second	
(Do	cument Number)	
Certified Copies	_ Certificates o	of Status
Special Instructions to Filing Officer:		
!		

Office Use Only

B. KOHR

MAR 1 C 2012

EXAMINER



000224616440

12 MAR 15 PM 4: 35

12 MAR IS AMID

SECRETARY OF STATE

#### FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

03-15-2012

NAME:

HARBIN HOLDCO LLC

TYPE OF FILING: APPLICATION BY FOREIGN LLC TO TRANSACT

**BUSINESS IN FLORIDA** 

COST:

\$125

**RETURN:** 

ACCOUNT: FCA00000015

**AUTHORIZATION:** 

ABBIE/PAU

#### **COVER LETTER**

TO:	Registration Section Division of Corporations	<b>30</b> 34,43
	Division of Corporations	ري الله الله الله الله الله الله الله الل
SUBJE		<b>1</b>
	Name of Limited Liability Company	<b>*</b> 200
The en- Exister	closed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Flor nce, and check are submitted to register the above referenced foreign limited liability company to transact by	ida," Certificate of
Please	return all correspondence concerning this matter to the following:	
	Capitol Services Corporate Filings Team	_
	Name of Person	
•	Capitol Services, Inc.	<u> </u>
	Firm/Company	
Division of Corporations  SUBJECT: Harbin Holdco LLC  Name of Limited Liability Company  The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.  Please return all correspondence concerning this matter to the following:  Capitol Services Corporate Fillings Team  Name of Person  Capitol Services, Inc.  Firm/Company  1218 Central Avenue, Suite 100  Address  Albany, NY 12205  City/State and Zip Code  phc4435@aol.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  11 800 662-0171  Name of Person  Area Code & Daytime Telephone Number  MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallehassee, FL 32314  STREET ADDRESS: Division of Corporations Registration Section Cliffon Building Confidence of Corporations Registration Section Cliffon Building Capitol Center Circle Tallehassee, FL 32301  Enclosed is a check for the following amount:  \$\int \text{\$\frac{1}{2}\$\$\text{\$\te		
	Address	
		_
	City/State and Zip Code	pand references configuration in
	phc4435@aol.com	email address
	E-mail address: (to be used for future annual report notification)	entered here will be utilized for future
For fur	ther information concerning this matter, please call:	ANNUAL REPORT
	at ( 800 ) 662-0171	
		<del></del>
	Division of Corporations Registration Section P.O. Box 6327 Clifton Building Tallahassee, FL 32314 Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle	
Enclo	\$125.00 Filing Fee \$130.00 Filing Fee & \$155.00 Filing Fee & \$160.00 Filing Fee, Certi	

### 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: Harbin Holdco 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.") Delaware (Jurisdiction under the law of which foreign limited liability company is organized) 01/31/2012 perpetual (Date of Organization) (Duration: Year limited liability company will cease exist or "perpetual") upon qualification (Date first transacted business in Florida, if prior to registration:) (See sections 608.501 & 608.502 F.S. to determine penalty liability) 12627 San Jose Blvd., Suite 706, Jacksonville, FL 32223 (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: Manager - Harbin Jax LLC, 12627 San Jose Blvd., Suite 706, Jacksonville, FL 32223 10. Attached is an original certificate of existence, no more than 90 days old, duty 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: investment in real estate mortgage

Signature of a member of 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.)

Phillip Cury, Manager of Harbin Jax LLC, Manager

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 Cor	mpany is:	
Harbin Holdco LLC		
If unavailable, the alternate to be used in	the state of Florida is:	٠
2. The name and the Florida street address	ss of the registered agent and office are:	,
Capitol Corporate Se	ervices, Inc.	
	(Name)	
155 Office Plaza Dr	Ste A	
Florida Street A	Address (P.O. Box <u>NOT</u> ACCEPTABLE)	
Tallahassee	<sub>FL</sub> 32301	
<del></del>	City/State/Zip	

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.

Barbara A. Kaulfuss. Assistant Secretary on behalf of Capitol Corporate Services, Inc.

(Signature)

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

# Delaware

PAGE 1

#### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "HARBIN HOLDCO 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 FIRST DAY OF FEBRUARY, A.D. 2012.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HARBIN HOLDCO LLC" WAS FORMED ON THE THIRTY-FIRST DAY OF JANUARY, A.D. 2012.

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

5102902 8300

120105970

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

Jeffrey W. Bullock, Secretary of State

AUTHENTY CATION: 9334747

DATE: 02-01-12