Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

: NORTHWEST REGITERED AGENT LLC Account Name

Account Number : I20090000081 .

: (509) 768-2249

Phone

Fax Number : (866) 543-4731

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:

Foreign Limited Liability Company HD Machines, LLC

Certificate of Status	0
Certified Copy	. 0
Page Count	03
Estimated Charge	\$125.00

H120001301123

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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN

LIMITED LIABILITY COM	PANYTOTRANSACT BUSINESS IN THE	STATE OF FLORIDA:	
1 HD Machines	, LLC		
(Name of Foreign	Limited Liability Company; must inclu	de "Limited Liability Company	," "L.L.C.," or "LLC.")
(If name unavailable, enti- consent of the managers of Company," "L.L.C.," "LI	er alternate name adopted for the purpos or managing members adopting the alter LC.")	se of transacting business in Flo mate name. The alternate name	orida and attach a copy of the writt must include "Limited Liability
_{2.} Mississippi	3		
(Jurisdiction under the company is organized)	law of which foreign limited liability	(FEI number,	if applicable)
4. October 21, 2		Perpetual	
(Date o	f Organization)	(Duration: Year limited liab exist or "perpetual")	oility company will cease to
6 .			5
	(Date first transacted business in Flo (See sections 608.501 & 608.502 F.S.	orida, if prior to registration.) to determine penalty liability)	
7. 414 Highway	/ 11 & 80 East		Sin - P
Meridian, MS			TOF SEE.
,	(Street Address	of Principal Office)	ST es
8. If limited liability	company is a manager-managed	company, check here 🔽	RDE &
9. 'The name and usu	ial business addresses of the mana	aging members or manage	rs are as follows:
Jetson Taylo	r 414 Highway 11/80 N	deridian, MS 39301	
			·
10 Attoched is an original	certificate of existence, no more than 90 c	lowe and white authorities and his the	· official having a stocky of records
the jurisdiction under the la	aw of which it is organized. (A photocope cunder oath of the translator must be subm	y is not acceptable. If the certifica	
		*	-:
11. Nature of busine	ss or purposes to be conducted or	promoted in Florida: Re	allroad vegetation
management	•		·
		7	
	Signature of a member an au		
	(In accordance with section 608.408(3), F. an affirmation under the penaltics of perjudents.)		
		Taylor	·
•	Typed or printed	name of signee	

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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	of the Limited Liability Company is:	
HD Machir	nes, LLC	
If name unava	ailable, the alternate name to be used in the state of Florida is:	
2. The name a	and the Florida street address of the registered agent and office are:	12 #AY
	Northwest Registered Agent LLC	芸二下
,	(Name)	SEE SEE
3111 W. Dr. MLK Blvd., STE 100-B180 Florida Street Address (P.O. Box NOT ACCEPTABLE)		STATE FLORID
	Tampa FL 33607	
	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.

(Signature) Dan Keen-Manager

\$ 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 Mississippi

Office of the Secretary of State C. Delbert Hosemann, Jr., Secretary of State Jackson, Mississippi

CERTIFICATE :

I, C. DELBERT HOSEMANN, JR., Secretary of State of the State of Mississippi, and as such the legal custodian of the records as required by The Mississippi Limited Liability Company Act to be filed in my office do hereby certify that:

HD MACHINES, LLC

Formed October 21, 2004

A Mississippi Limited Liability Company has filed the necessary documents in this office and has obtained a certificate of formation under the provisions of The Mississippi Limited Liability Company Act as shown by the records in this office.

That the registered office of said Limited Liability Company is located at:

414 HIGHWAY 11 & 80 EAST MERIDIAN MS 39301

and that the registered agent at that address is:

TAYLOR, JETSON

I further certify that said Limited Liability Company has paid the fees for filing the above papers required by law as shown by the records of this office and that said Limited Liability Company is in good standing to do business in Mississippi at this time.



Given under my hand and seal of office May 10, 2012

C. Delbert Hosemann, Jr. Secretary of State

Certification Number: 12726044-1 Page 1 of 1 Reference: Verify this certificate online at https://business.sos.state.ms.us/corp/soskb/verify.asp