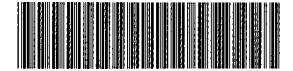
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11/08/13-01014-015 **130.00

J. SAULSBERRY EXAMINER NOV 5 2010

COVER LETTER

SUBJECT: HIMJR3 LLC	ne of Limited Liability Company		
ivair	ie of Enfined Elabinty Company		
The enclosed "Application by Foreign Limited Liabi Existence, and check are submitted to register the ab	ility Company for Authorization to Transact Business in Florida love referenced foreign limited liability company to transact bus	a," Certifi siness in l	icate of Florida
Please return all correspondence concerning this mat	tter to the following:		
Andrew Milne, Esq.		_	
	Name of Person		
Garson Claxton LLC			
	Firm/Company		
7910 Woodmont Avenue	e, Suite 650	2012 N	23)')
	Address	2- M	engeng r Angeng r
Bethesda, Maryland 2081	4 m		
	City/State and Zip Code	E. Co	1
amilne@garsonlaw.co	City/State and Zip Code	୍ ଅନ୍ତ ୍ରକ୍ଷ	
E-mail address: (to	be used for future annual report notification)		
For further information concerning this matter, pleas	e call:		
Andrew Milne	_{at (} 301 ₎ 280-2700		
Name of Person	Area Code & Daytime Telephone Number	_	
MAILING ADDRESS:	STREET ADDRESS:		
Division of Corporations Registration Section	Division of Corporations Registration Section		
P.O. Box 6327	Clifton Building		
Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301		
Enclosed is a check for the following amoun			
\$125.00 Filing Fee \$\int \\$130.00 Filing Fee Certificate of State	S155.00 Filing Fee & \$160.00 Filing Fee, Certification Copy of Status & Certified Copy		

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	AJR3 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 cop	y of the writ	tten
consent Compan	of the managers or managing members adopting the alternate name. The alternate name must include "Limite ny," "L.L.C," "LLC.")	d Liability	
2. Mar (Juris	diction under the law of which foreign limited liability (FEI number, if applicable)		
comp	any is organized)		
4	(Date of Organization) 5. Perpetual (Duration: Year limited liability company will or exist or "perpetual")	ase to	
6. <u>not</u>	t applicable		
	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)	F.O.	(3)
_{7.} 66	10 Amberton Drive		AON 3137
Fiki	ridge, Maryland 21075	SVH	₽ -
	(Street Address of Principal Office)		\sim
8. If li	mited liability company is a manager-managed company, check here 🗸		2
o The	name and usual business addresses of the managing members or managers are as follows:	FLORIDA	ලා ලා
	rry Martin	5	දිරි
_			
<u>66</u>	10 Amberton Drive		
EI	cridge, Maryland 21075		
the jurisc	ched is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custoo liction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign langu on of the certificate under oath of the translator must be submitted)	ly of records rege, a	sin
	ture of business or purposes to be conducted or promoted in Florida: to purchase, acquire, buy, a		
trade	in, hold, develop, lease, manager matricing, operate and otherwise doct in and with real property and improvements thereon, and any other levelul p	urpose(#)	
	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 document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.	a	
	Joseph Armstrong		
	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.

HIMJR3 L	LC the alternate to be used in the state of Florida is:		
II unavaliable,	me alternate to be used in the state of Florida is.		
2. The name a	nd the Florida street address of the registered agent and office are:	28121 TALL	
	NRAI Services, Inc.	H TO	,
	(Name)	-2	
	515 East Park Avenue Florida Street Address (P.O. Box NOT ACCEPTABLE)		
	Florida Street Address (F.O. Box MOI ACCEPTABLE)		
	Tallahassee _{FL} 32301	5° 5	
	City/State/Zip		
liability compa- agent and agre relating to the p	imed as registered agent and to accept service of process for the above states at the place designated in this certificate, I hereby accept the appointment to act in this capacity. I further agree to comply with the provisions of all proper and complete performance of my duties, and I am familiar with and my position as registered agent as provided for in Chapter 608, Florida States (Signature) [Signature] [Zyan Black, Asst Sec	nt as registered. I statutes accept the	

\$ 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 MARYLAND Department of Assessments and Taxation

I, PAUL B. ANDERSON OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO LIMITED LIABILITY COMPANIES, OR THE RIGHTS OF LIMITED LIABILITY COMPANIES TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT HIMJR3 LLC, REGISTERED OCTOBER 22, 2012, IS A LIMITED LIABILITY COMPANY EXISTING UNDER AND BY VIRTUE OF THE LAWS OF THE STATE OF MARYLAND, AND THAT THE LIMITED LIABILITY COMPANY IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING TO TRANSACT BUSINESS.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS OCTOBER 29, 2012.

Paul B. Anderson Charter Division

SEVEL TO STORIE TALLAHASSEE, FLORIDA



301 West Preston Street, Baltimore, Maryland 21201 Telephone Balto. Metro (410) 767-1340 / Outside Balto. Metro (888) 246-5941 MRS (Maryland Relay Service) (800) 735-2258 TT/Voice Fax (410) 333-7097