Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

Fax Number : (850) 617-6383

From:

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Account Number: I20010000112 Phone : (302) 575-0875

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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 HMP Holdings, LLC

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K. SALY **EXAMINER**

SEP 2 0 2013

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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 RECISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:
HMP Holdings, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "L.L.C.")
HMP Advisors, 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.} Louisiana _{3.} 46-3673914
(Junadiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)
4. 9/17/2013 s 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. 6417 PROVINCE LANE
BATON ROUGE, LA 70808
(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:
Teri Binder - 3417 Province Lane Baton Rouge, LA 70808
William Binder - 3417 Province Lane Baton Rouge, LA 70808
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records 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: Real Estate Holding
Jan & Barden
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 follows as provided for in s.817.155, F.S.)

Teri Posner Binder

Typed or printed name of signee

H130002088583

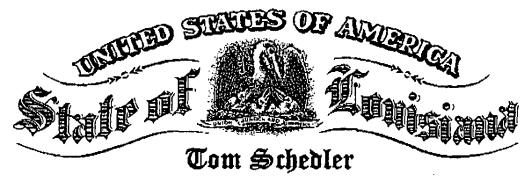
CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 of 608.507, PLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

SIMIL OF LONDA.
1. The name of the Limited Liability Company is: HMP Holdings, LLC
If unavailable, the alternate to be used in the state of Florida is: HMP Advisors, LLC
2. The name and the Florida street address of the registered agent and office are:
Agents and Corporations, Inc.
(Name)
300 Fifth Avenue South, Suite 101-330
Florida Street Address (P.O. Box NOT ACCEPTABLE)
Naples FL 34102 City/State/Zip
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 cartificate. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of al 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 Statu Agents and Corporations, Inc.
By: Chaptellow
John L. Williams, President
\$ 100.00 Filing Fee for Application \$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

WRITTEN CONSENT TO ADOPT ALTERNATE NAME FOR USE IN THE STATE OF FLORIDA

We, the undersigned, do hereby certify that we are the Managers and/or Managing	
Members of HMP Holdings, LLC	
(Name of Limited Liability Company)	
a limited liability company duly organized and existing under the laws of	
Louisiana 显容 5	, ,
(State or Country of Organization)	7 0 -
Because the name of this foreign limited liability company does not satisfy the	9
requirements of the s. 608.406, F.S., the limited liability company hereby adopts the	呈
following name to transact business in the state of Florida:	œ
HMP Advisors, LLC	1 0
(Name to be used by limited liability company in Florida, NOTE: Name must end with Limited Liability	
Company, 1. 1. Coor (LLC.)	
Date: 9/18/2013	
Signature(s) of Manager(s) and/or Managing Member(s):	
William D. Brider	
William D. Pringer	
	•



SECRETARY OF STATE

As Societary of Stata of the State of Louisiana I do hereby Certify that

HMP HOLDINGS, LLC

A limited liability company domiciled in BATON ROUGE, LOUISIANA,

Filed charter and qualified to do business in this State on September 17, 2013,

I further certify that the records of this Office indicate the company has paid all fees due the Secretary of State, and so far as the Office of the Secretary of State is concerned, is in good standing and is authorized to do business in this State.

I further certify that this certificate is not intended to reflect the financial condition of this company since this information is not available from the records of this Office.

In testimony whereof, I have hereunto set my hand and caused the Seal of my Office to be affixed at the City of Balon Rouge on,

JMM WX Scordings of State

September 16, 2013

Certificate IO: 10419597#Q8Q83

To validate this certificate, visit the following web site, go to Commercial Division, Certificate Validation, then follow the instructions displayed.

www.sos.loudslana.gov

Web 41290342K

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