M14000004605

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

Office Use Only



500260543745

05/28/14--01015--009 **130.00

WW 34624

14 JUN 27 PH L: L5
SECKETARY OF STATE
TALLANASSEE, FLORID.



COVER LETTER

Registration Section
Division of Corporations

TO:

SUBJECT: Hutton Team, 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:
Josiah Golson
Name of Person
Hutton Team, LLC
Firm/Company
736 Cherry Street
Address
Chattanooga, TN 37402
City/State and Zip Code
legalnotices@thehuttoncompany.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Josiah Golson at (423 Area Code Daytime Telephone Number
Name of Contact Person Area Code Daytime Telephone Number
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
Enclosed is a check for the following amount: \$\Bigsiz\$ \$\\$125.00\$ Filing Fee \$\Bigsiz\$ \$\\$130.00\$ Filing Fee & \$\Bigsiz\$ \$\\$155.00\$ Filing Fee & \$\Bigsiz\$ \$\\$160.00\$ Filing Fee, Certificate Copy of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE Division of Corporations

June 4, 2014

JOSIAH GOLSON 736 CHERRY STREET CHATTANOOGA, TN 37402

SUBJECT: HUTTON TEAM, LLC Ref. Number: W14000034624

We have received your document for HUTTON TEAM, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), AuthorizedPerson (AP), or Authorized Representative (AR).

You must list the names and street addresses of the officers and directors of the corporation on the form/application.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tim Burch Regulatory Specialist II

Letter Number: 414A00012012

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.,"	or "LLC.")	
f name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate iability Company," "L.L.C," or "LLC.")	name must includ	le "Limite
Delaware 3, 46-5704453		
(Jurisdiction under the law of which foreign limited liability (FEI number, if appl company is organized)	icable)	
N/A	<u>122</u> ≥2	<u>+</u> "
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)	<u>Ω</u> Σ;	<u></u> ,
736 Cherry Street		7 2
Chattanooga, TN 37402	- S	
(Street Address of Principal Office)	22.5 0.7	<u>.</u>
736 Cherry Street		
		_
Chattanooga, TN 37402		
Chattanooga, TN 37402 (Mailing Address)		
(Mailing Address)	nanage is/are:	
(Mailing Address) The name, title or capacity and address of the person(s) who has/have authority to respect to the person of t	_	
(Mailing Address) The name, title or capacity and address of the person(s) who has/have authority to respect to the person of t	_	
(Mailing Address) The name, title or capacity and address of the person(s) who has/have authority to re-	_	
(Mailing Address) The name, title or capacity and address of the person(s) who has/have authority to respect to the person of t	_	
(Mailing Address) The name, title or capacity and address of the person(s) who has/have authority to respect to the person of t	_	
(Mailing Address) The name, title or capacity and address of the person(s) who has/have authority to rearrange of the person. The charge of the person of t	Haiooga,	770 3
(Mailing Address) The name, title or capacity and address of the person(s) who has/have authority to record and address of the person(s) who has/have authority to record area. Hutton Authorized Member, 736 Cherry Street, Character and Authorized Member, 736 Cherry Street, Char	thairsoga,	770 3
(Mailing Address) The name, title or capacity and address of the person(s) who has/have authority to make a support of the person of the pers	thairsoga,	770 3
(Mailing Address) The name, title or capacity and address of the person(s) who has/have authority to rearrange and address of the person(s) who has/have authority to rearrange and address of the person(s) who has/have authority to rearrange and address of the person(s) who has/have authority to rearrange and address of the person(s) who has/have authority to rearrange and address of the person(s) who has/have authority to rearrange and address of the person(s) who has/have authority to rearrange and address of the person(s) who has/have authority to rearrange and address of the person(s) who has/have authority to rearrange and address of the person(s) who has/have authority to rearrange and address of the person(s) who has/have authority to rearrange and address of the person(s) who has/have authority to rearrange and address of the person(s) who has/have authority to rearrange and address of the person(s) who has/have authority to rearrange and address of the person(s) who has/have authority to rearrange and address of the person(s) who has/have authority to rearrange and address of the person(s) who has/have authority to rearrange and address of the person(s) who has/have authority to rearrange and address of the person(s) who has/have authority to rearrange and address of the person(s) who has/have authority to rearrange and address of the person(s) who has/have authority to rearrange and address of the person(s) who has/have authority to rearrange and address of the person(s) who has/have authority to rearrange and address of the person(s) who has/have authority to rearrange and address of the person and address of the pers	thairsoga,	770 3
	thairsoga,	770 3

Catherine N. Long

Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

_	the Limited Liability (Company is:			
If unavailable, t	he alternate to be used	in the state of Florida is:			
2. The name an	d the Florida street add	dress of the registered agent and office are:	SA CO	14. J	
Business Filings Incorporated				4 JUN 27	el mentalle el mentalle
		(Name)	76.74 76.74 77.75	7 PH	errosenser
515 E. Park Avenue				ज्ञ ह.	yanani Lammu M
	Florida Street Address (P.O. Box NOT ACCEPTABLE)			'n	
	Tallahassee	32301			
		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 605, Florida Statutes.

The Maulle Issistent Secretary
(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 "HUTTON TEAM, 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 TWENTY-FIRST DAY OF MAY, A.D. 2014.

TALLAHASSEE, FLORIGA

5517183 8300

140675528

AUTHENTICATION: 1388371

DATE: 05-21-14

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