

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fan Number : (850) 617-6383

From:

Account Name : CONTRACTORS REPORTING SERVICES,

Account Number : I20050000099 Phone : (813) 932-5244 Fax Number : (813) 932-3792

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

roman@activatemylicense.com Email Address:

Foreign Limited Liability Company FHI EQUITY GROUP, LLC

Certificate of Status	0
Certified Copy	0
Page Count	06
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

T. Burch OCT 3 2014

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October 2, 2014

FLORIDA DEPARTMENT OF STATE

CONTRACTORS REPORTING SERVICES, INC.

SUBJECT: FHI EQUITY GROUP, LLC

REF: W14000059955

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes.

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

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

Tim Burch Regulatory Specialist II FAX Aud. #: H14000230514 Letter Number: 914A00021044

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DIVISION OF COMPERCIAL
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From: Roman Albano Fax: +1 (813) 932-5244 * 101

To:

Fax: +1 (850) 617-6383 Page 5 of 7 10/02/2014 3:08 (((H14000230514 3)))

COVER LETTER

TO: Registration Section Division of Corporations	•
SUBJECT: FHI EQUITY GROUP, LLC	
	Name of Limited Liability Company
The enclosed "Application by Foreign Lim Existence, and check are submitted to regis	ited Liability Company for Authorization to Transact Business in Florida," Certificate of ter the above referenced foreign limited liability company to transact business in Florida
Please return all correspondence concernir	g this matter to the following:
ROMAN ALBANO	
	Name of Person
CONTRACTORS' REF	PORTING SERVICE INC
	Firm/Company
13795 N NEBRASKA	AVE
	Address
TAMPA, FL 33613	
	City/State and Zip Code
ROMAN@ACTIVATEM	
E-ma	ll address: (to be used for future annual report notification)
For further information concerning this ma	tter, please call:
ROMAN ALBANO	at (813 932-5244
Name of Contact	
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327	STREET ADDRESS: Division of Corporations Registration Section Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301
	ig amount: .00 Filing Fee & \$\square\$ \$155.00 Filing Fee & \$\square\$ \$160.00 Filing Fee, Certificate ificate of Status & Certified Copy of Status & Certified Copy

Fax: +1 (850) 617-6383

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

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

1. FHI EQUITY GROUP, L (Name of Foreign	LC Limited Liability Company, mus	t include "Limited Liability	Company," "L.L.C.," or	··LLC:')
,		ŕ		,
(If name unavailable, enter altern Liability Company," "L L C," or	nate name adopted for the purpos	e of transacting business in	Florida. The alternate nar	ne must include "Limited
2. DELEWARE		3. 46-4841632		
(Jurisdiction under the law of company is organized)	which foreign limited liability		(FEI number, if applicat	ole)
4. <u>UPON QUALIFICATIO</u>	IN			
	(See sections 605.0904 & 605.	ess in Florida, if prior to reg .0905, F.S. to determine pen	istration.) alty liability)	
5. <u>5753 HWY 85 N #2771</u>	<u> </u>			
ODEOD 4514 51 3353	ne.			FACE TALL
CRESTVIEW, FL 3253		ddress of Principal Office)		<u> </u>
6. <u>5753 HWY 85 N #2771</u>				DATE OF THE PARTY
ODEATHURN DI 2252	o e		ŗ	
CRESTVIEW, FL 3253		(Mailing Address)		F.S.
7. The name, title or cap	pacity and address of the	person(s) who has/ha	ave authority to ma	
AMBR - SUMEET KALS 4	4988 TRESCOTT CT DUE	BLIN CA 94568		
AMCD DEDDO DALII M	OBALECIII BO BOVE7E	DUBANT EL 23E30		
AMGR - PEDRU PAUL MI	ORALES III - PO BOX 575	DURANT PL 33530		
8. Attached is an original	l certificate of existence,	no more than 90 day	s old, duly authenti	cated by the official
having custody of record	ls in the jurisdiction unde	er the law of which it	is organized. (A pl	notocopy is not
acceptable. If the certific must be submitted)	cate is in a foreign langua	ige, a translation of th	ie certificate under	oath of the translator
	0			
_	<u> </u>	' >		-
(In accordance with section 605.020) am aware that any false information	Signature 3, F.S., the execution of this documen submitted in a document to the Depa	of an authorized person tensitutes an affirmation un intment of State constitutes a thi	der the penalties of perjury t	hat the facts stated herein are true. I for in s.817.155, F.S.)
S	UMEET KALS			
	Typed or pr	inted name of signee	· ·	_

To:

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORID.4 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 Compa	ny is:			
FHI EQUITY GRO	DUP, LLC				_
If unavailable, th	ne alternate to be used in the	state of Florida is:			
2. The name and	d the Florida street address o	f the registered agent and office are:			
	SUMEET KALS	(Name)	SECRI TALLAI 	14 00	ارات با
5753 HWY 85 N #2771 Florida Street Address (P.O. Box NOT ACCEPTABLE)			ETARY O	1-2 PM	
	CRESTVIEW	FL 32536 City/State/Zip	F STATE FLORIDA	5n:4 h	J
				_	

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.

\$ 100.00 Filing Fee for Application \$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (optional) 5.00 Certificate of Status (optional)

To:

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "FHI EQUITY GROUP 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-SIXTH DAY OF SEPTEMBER, A.D. 2014.

14 OCT -2 PM L: LS
SECRETARY OF STATE
TALLAHASSEE, FLORID.

5030117 8300

141214382

You may vorify this certificate caline at corp.delaware.gov/authver.shtml

AUTHENTY CATION: 1734176

DATE: 09-26-14

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