

M15000002376

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

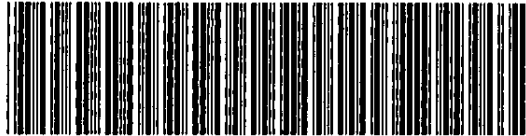
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
HALL OF RECORDS, CLARK

M. MILLIGAN  
EXAMINER

APR 01 2015



March 5, 2015  
Via Overnight Delivery

2600 Maitland Center Pkwy.  
Suite 300  
Maitland, FL 32751  
P.O. Drawer 200  
Winter Park, FL  
32780-0200  
Tel: 407-740-8575  
Fax: 407-740-0613  
tm@tminc.com

Florida Department of State  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Re: HD Carrier LLC  
Application for Certificate of Authority

Dear Sir or Madam,

Enclosed, please find in duplicate the completed and signed Application for Certificate of Authority and the required supporting documents submitted on behalf of HD Carrier LLC. The remittance of the fees due in the amount of **\$125.00** is enclosed.

Please acknowledge receipt of this filing by date stamping the extra copy of this application and cover letter and returning both to me in the self addressed stamped envelope provided.

Questions regarding this filing should be addressed to me at 407-740-3035 or via email at [pmiller@tminc.com](mailto:pmiller@tminc.com). I thank you for your assistance with this matter.

Sincerely,

Phyllis Miller  
Co-Manager, Compliance Reporting

Cc: HD Carrier LLC

File: HD Carrier LLC – SOS – FL

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: HD CARRIER 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:

**Phyllis Miller**

Name of Person

**Technologies Management, Inc.**

Firm/Company

**2600 Maitland Ctr Pkwy Ste 300**

Address

**Maitland, FL 32751**

City/State and Zip Code

**pmiller@tminc.com**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Phyllis Miller**

Name of Contact Person

**407 740-3035**

at ( )

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:

☒ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &  
Certificate of Status

☐ \$155.00 Filing Fee &  
Certified Copy

☐ \$160.00 Filing Fee, Certificate  
of Status & Certified Copy

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

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

1. **HD Carrier 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. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. **Nevada**

(Jurisdiction under the law of which foreign limited liability company is organized)

3. **30-0706389**

(FEI number, if applicable)

4. \_\_\_\_\_

(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. **701 NORTH GREEN VALLEY PKWY., SUITE 200**

**Henderson, NV 89074**

(Street Address of Principal Office)

6. **701 NORTH GREEN VALLEY PKWY., SUITE 200**

**Henderson, NV 89074**

(Mailing Address)

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7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

**Bryan Petersen, Manager**

**Josh Lowenthal, Manager**

8. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in 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)



Signature of an authorized person

(In accordance with section 605.0203, 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 felony as provided for in s.817.155, F.S.)

**Josh Lowenthal**

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.

1. The name of the Limited Liability Company is:

**HD Carrier LLC**

If unavailable, the alternate to be used in the state of Florida is:

2. The name and the Florida street address of the registered agent and office are:

**CT Corporation System**

(Name)

**1200 South Pine Island Road**

Florida Street Address (P.O. Box NOT ACCEPTABLE)

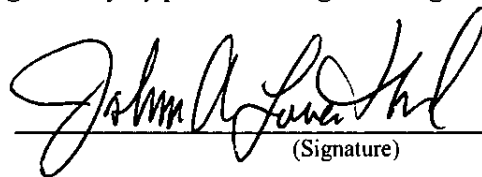
**Plantation**

**FL 33324**

City/State/Zip

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TALLAHASSEE, FLORIDA

*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.*



(Signature)

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

# SECRETARY OF STATE



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15 MAR -9 AM 8:37  
SECRETARY OF STATE  
1500 ARIZONA BLVD  
CARSON, NV 89031

## CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, BARBARA K. CEGAVSKE, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **HD CARRIER LLC**, as a limited liability company duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since October 17, 2011, and is in good standing in this state.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on March 4, 2015.

*Barbara K. Cegavske*

BARBARA K. CEGAVSKE  
Secretary of State

Electronic Certificate  
Certificate Number: C20150304-0954  
You may verify this electronic certificate  
online at <http://www.nvsos.gov/>