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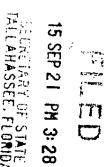
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#### **COVER LETTER**

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	gistration Section vision of Corporation	ns			i. Nga	
SUBJECT:	HAMILTON INDU	JSTRIES, LLC				
SUBJECT.		Name of	Limited Liability	Company		
					ansact Business in Florida," C by company to transact busines	
Please retur	n all correspondence	concerning this matter to the	following:			
	VALERIA ES	PINOZA				
		Ŋ	lame of Person	· · · · ·		
	CHAWLA AN	TD CHAWLA PC				
	Firm/Company					
	438 N FREDE	RICK AVE STE 400				
		<del></del>	Address			
	GAITHERSBU	JRG, MD 20877				
		City/S	state and Zip Code	!		
	VALERIA@CH	AWLAANDCHAWLACPA	A.COM			
		E-mail address: (to be use	d for future annua	report no	tification)	
For further i	nformation concernin	g this matter, please call:				
Va	leria Espinoza		301 at (	977-24	81	
_	Name o	of Contact Person	Area Code	Day	rtime Telephone Number	
Div Reg P.O	AILING ADDRESS: rision of Corporations gistration Section b. Box 6327 lahassee, FL 32314			Division Registrat Clifton B 2661 Exe	of Corporations ion Section building coutive Center Circle see, FL 32301	
	a check for the follow \$125.00 Filing Fee	ing amount:  \$\sum \text{\$\text{\$130.00 Filing Fee & }}\$  Certificate of Status	■ \$155,00 Filir Certified Copy	ng Fee &	☐ \$160.00 Filing Fee, Certi of Status & Certified Copy	ficate



### FLORIDA DEPARTMENT OF STATE Division of Corporations

August 28, 2015

VALERIA ESPINOZA 438 N FREDERICK AVE STE 400 GAITHERSBURG, MD 20877

SUBJECT: HAMILTON INDUSTRIES, LLC

Ref. Number: W15000057562

We have received your document for HAMILTON INDUSTRIES, LLC and your check(s) totaling \$155.00. 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).

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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.

Yasemin Y Sulker Regulatory Specialist II

Letter Number: 415A00018286

### 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:

iability Company," "L.L.C," o VIRGINIA	τ "LLC.")	sacting business in Florida. The alternate name 26-2843892	
(Jurisdiction under the law of company is organized)	J.	26-2843892	
company is organized)	which foreign limited liability		
07/01/15	•	(FEI number, if applicable)	
· ——————			
	(Date first transacted business in Flo (See sections 605.0904 & 605.0905, F.	orida, if prior to registration.) S. to determine penalty liability)	
1818 LIBRARY STREE			
RESTON.VA 20190			
	(Street Address of Principal	(Office)	
5. 1818 LIBRARY STREET	L 2.1.F 200		
RESTON, VA 20190			
	(Mailing Address)	)	<b>28 3</b>
7. Name and street address	of Florida registered agent: (P.O. Box	NOT acceptable)	S S
	NCORP SERVICES, INC.		P2
Office Address:	17888 67th Court North		
_	Loxahatchee (Ciry)	, Florida 33470 (Zip code)	F. F. G.
 Registered agent's accepta	\$ 55	(Zip code)	
his application, I hereby ac	cept the appointment as registered ag tutes relative to the proper and comp w.as-registered agent.	process for the above stated corporation at gent and agree to act in this capacity. I fur plete performance of my duties, and I am f	rther agree to comply familiar with and accept
	Sav Sav	ent's signature)	it of incorp
	(Registered ages	nt's signature)	J.e.PVICES
8. The name, title or capaci	ty and address of the person(s) who ha	is/have authority to manage is/are:	
MAYRA R KRUEGER	— < Tanago	1 Manber	·
43009 LAGO STELLA PLA	ACE		
ASHBURN,VA 20148			
	existence, no more than 90 days old,	duly authenticated by the official having cu	stody of records in the

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

MAYRA R KRUEGER

## Commondoealth of Hirginia



### State Corporation Commission

### CERTIFICATE OF FACT

### I Certify the Following from the Records of the Commission:

That HAMILTON INDUSTRIES, LLC is duly organized as a limited liability company under the law of the Commonwealth of Virginia;

That the date of its organization is September 21, 2007; and

That the limited liability company is in existence in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.



Signed and Sealed at Richmond on this Date: September 16, 2015

Joel H. Peck, Clerk of the Commission

CISECOM

Document Control Number: 1509165727