# M15000007860

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

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### SUNSHINE CORPORATE & FILING SERVICES, INC.

3458 Lakeshore Drive Tallahassee, Florida 32312 (850) 656-4724

COVER LETTER DATE: 10-1-15 WALK IN

NAME: Hillen Hoblings 11 LLC
PLEASE FILE THE ATTACHED AND RETURN:
PLAIN COPY CERTIFIED COPY
CHECK # 12500 AMOUNT: 1974
PLEASE CONTACT TINA AT 850-508-1891 FOR FURTHER INFORMATION ON THIS MATTER!
THANK YOU SO MUCH!
TINA GOFF, PRESIDENT SUNSHINE CORPORATE & FILING SERVICES, INC.

#### **COVER LETTER**

TO:	Registration Section Division of Corporations					
SUBJI						
Name of Limited Liability Company						
The en Exister	sclosed "Application by Foreign Limited Liability once, and check are submitted to register the above	Company for Authorization to Transact Business in Florida," Certificate of referenced foreign limited liability company to transact business in Florida.				
Please	return all correspondence concerning this matter t	o the following:				
	Diane Jasperse					
Name of Person						
	Hillen Holdings II LLC					
Firm/Company						
2800 Ross Clark Circle						
Address						
Dothan, AL 36301						
City/State and Zip Code						
djasperse@eyecentersouth.net						
E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
	Diane Jasperse	334 793-2211 at ( )				
	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				
Enclose	ed is a check for the following amount: \$\\$\\$125.00\$ Filing Fee \$\Bigcup \$130.00\$ Filing Fee Certificate of Status	& \$\Bigsquare\$ \$\\$155.00\$ Filing Fee & \$\Bigsquare\$ \$\\$160.00\$ Filing Fee, Certificate of Status & Certified Copy				

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

IN COMPLANCE WITH SECTION 605,0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY/TOTRANS/ACT/BUSINESS IN THE STATE OF FLORIDA:

Hillen Holdings II LLC			
(Name of Fore	ign Limited Liability Company; must include "Li	miled Liability Company," "L.L.C.," or "	LLC.")
(If name unavailable, enter all	ernate name adopted for the purpose of transaction	ng business in Florida. The alternate nam	c must include "Limited
Liability Company," "L.L.C."	or "LLC.")	10000	
2. Alabama	3 47-5	139837	
company is organized)	of which foreign limited liability	(FEI number, if applicable)	
4.	thate first transacted business in Florida.	if prior to registration.)	
	(Date first transacted business in Florida, (See sections 605.0904 & 605.0905, F.S. to	determine penalty liability)	50 B
5. 2800 Ross Clark Circle	)		7015 007
Dothan, Al. 36301			
	(Street Address of Principal Offi	ce)	SSS
6. 2800 Ross Clark Circle			
Dothan, AL 36301			# (24.1 1 m)
	(Mailing Address)		6.03 1915 1916 1916
# NT	CELLIA TO ALL TO A DECEMBER (D.C.) DOWN NO.	NT anaputatila)	97 6
/. Name and street address	s of Florida registered agent: (P.O. Box NC	21 acceptable)	•
Name:	NRAI Services, Inc.		
Office Address:	1200 South Pine Island Road	<del></del>	
	Plantation	, Florida 33324 (Zip code)	
	(City)	(Zip code)	
designated in this applica- to complywith the provision accept the obligations of t	gistered agent and to accept service of proceedion, I hereby accept the appointment as regions of all statutes relative to the proper and my position as registered agent.  NRAI Socies, Inc.  By:	gistered agent and agree to act in thi	is capacity. I further agree
	(Registered agent's		,
9. The name title on come	Natalie Leiba-Paul, Special Assist acity and address of the person(s) who has/he	ant Secretary	
•	icity and maress of the personas who mism	ire minority to mininge twine.	
Marnix E Heersink MD			
President			#**
9. Attached is a certificate jurisdiction under the law of the translator must be so	of existence, no more than 90 days old, duly of which it is organized. (If the certificate is ubmitted)  Magazine of an author	in a foreign language, a translation of	custody of records in the fthe certificate under oath
	Signature of an author	rived person	
This document is executed submitted in a document to	l in accordance with section 605.0203 (1) (b) o the Department of State constitutes a third o	), Florida Statutes. I am aware that an degree felony as provided for in s.817	y false information .155, F.S.
	Marnix E Heersink MD		_
	Typed or printed name	of signee	

John H. Merrill Secretary of State P.O. Box 5616 Montgomery, AL 36103-5616

## STATE OF ALABAMA

I, John H. Merrill, Secretary of State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that

the entity records on file in this office disclose that Hillen Holdings II, LLC was formed in Jefferson County, Alabama on September 4, 2015. The Alabama Entity Identification number for this entity is 344-390. I further certify that the records do not disclose that said entity has been dissolved, cancelled or terminated.



20150930000024026

In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the city of Montgomery, on this day.

9/30/2015

Date

X. W. Merill

John H. Merrill

**Secretary of State**