# 115000008706

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

Office Use Only



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10/29/15--01025--005 \*\*160.00

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K.SALY EXAMINER OCT 302015



### KING CUNNINGHAM, LLC ATTORNEYS-AT-LAW

MEMBERS

JEFFREY W. KING\*
W. JOSEPH CUNNINGHAM\*

ALSO MEMBERS OF THE NORTH CAROLINA BAR

PHYSICAL:

1000 2<sup>ND</sup> AVENUE SOUTH, SUITE 325 NORTH MYRTLE BEACH, SC 29582

MAILING:

PO BOX 4896 NORTH MYRTLE BEACH, SC 29597

VOICE: 843-249-0777

FAX: 843 249.0784

WEB: WWW KINGCUNNINGHAM COM

June 25, 2014

**Division of Corporations** Attn: Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

RE: HHI Development, LLC

Dear Sir/Madam:

Please find enclosed Application by a Foreign LLC for Authorization For Authorization to Transact Business in Florida.

I have enclosed a check in the amount of \$160.00, for the filing fees.

Also enclosed is a return FedEx envelope for returning a copy to me. Thank you for your assistance, and please call me if there are any issues or questions.

King Cunningham, LLC

Samantha Vince Legal Assistant

#### **COVER LETTER**

	ion of Corporation	ns					
SUBJECT:	HI Development,						
Name of Limited Liability Company							
		reign Limited Liability Comp d to register the above refere					
Please return a	II correspondence of	concerning this matter to the	following:				
	Jeffrey W. Kin	g					
	Name of Person						
	King Cunningh	am, LLC					
Firm/Company							
	1000 2nd Ave S.						
Address							
	North Myrtle Beach, SC 29582						
	City/State and Zip Code						
	cholloway@strai	ndcapital.com					
		E-mail address: (to be used	for future annual	report not	ification)		
For further info	ormation concerning	g this matter, please call:					
Sama	ntha Vince		843 at (	249 07	77 x1011		
	Name o	of Contact Person	Area Code	Day	time 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					
	heck for the follow 25.00 Filing Fee	ing amount:  \$\Bigcup \text{\$\subseteq} \$\	□ \$155.00 Filin Certified Copy	ng Fee &	■ \$160.00 Filing Fee, Ce of Status & Certified Cop		

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

IN COMPILIANCE 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:

HHI Development, LL	ISINESS IN THE STATE OF FLORIDA: C		
		le "Limited Liability Company," "L.L.C.," or	LLC.")
(If name unavailable, enter a		sacting business in Florida. The alternate name	e must include "Limited
2. South Carolina	3		
(Jurisdiction under the law company is organized)	of which foreign limited liability	(FEI number, if applicable)	
n/a			- 3
4	(Date first transacted business in Fl	orida, if prior to registration.)	7 C 2
5. 1000 2nd Ave S. Ste 3	(See sections 605.0904 & 605.0905, F	.s. to determine penalty habitity)	2015 OCT 29 F
North Myrtle Beach, S	C 29582		29
	(Street Address of Principa	l Office)	SET
6. 1000 2nd Ave S. Ste 31	10		
North Myrtle Beach, S	C 29582		10 S. J.
	(Mailing Address	)	音声。
7 Name and street addres	ss of Florida registered agent: (P.O. Box	NOT acceptable)	- Administra
Name:	Corporation Service Company		
Office Address:	1201 Hays St		
<del></del>	Tallahassc	32301	
	(City)	, Florida 32301 (Zip code)	•
designated in this applica to complywith the provisi accept the obligations of	gistered agent and to accept service of tion, I hereby accept the appointment a	process for the above stated limited liabilist registered agent and agree to act in this and complete performance of my duties, and complete performance of my duties, and complete performance of my duties, and signature.	s capacity. I further agree
8. The name, title or capa	acity and address of the person(s) who ha	as/have authority to manua is/are:	
Loyd R. Daniel, Jr, Presid	lent and J. Patrick Lowe, Vice-President	•	
1000 2nd Ave S., Ste 310			· · · · · · · · · · · · · · · · · · ·
North Myrtle Beach, SC 2	29582		<del></del>
	of which it is organized. (If the certification	duly authenticated by the official having of te is in a foreign language, a translation of	
	TPANICK/	nule	
	Signature of an ar	uthorized person	-
		) (b), Florida Statutes. I am aware that any ird degree felony as provided for in s.817.	
	J. Patrick Lowe		

Typed or printed name of signee

# The State of South Carolina



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## Office of Secretary of State Mark Hammond

### **Certificate of Existence**

I, Mark Hammond, Secretary of State of South Carolina Hereby Certify that:

### HHI DEVELOPMENT, LLC,

a limited liability company duly organized under the laws of the State of South Carolina on December 8th, 2014, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to S.C. Code Ann. §33-44-809, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great Seal of the State of South Carolina this 28th day of October, 2015.

Mark Hammond, Secretary of State