m15000009002

(Requestor's Name)				
(Address)				
(Ad	dress)			
(Cit	y/State/Zip/Phone	#)		
PICK-UP	WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates	of Status		
Special Instructions to Filing Officer: Name Confl WIS-10450				

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FLORIDA DEPARTMENT OF STATE Division of Corporations

October 23, 2015

PHILIP E. GABLE 1487 MONTGOMERY HIGHWAY, SUITE A VESTAVIA, AL 35216

SUBJECT: H & K PROPERTIES, LLC

Ref. Number: W15000070450

We have received your document for H & K PROPERTIES, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.", also are no longer acceptable.

The document number of the name conflict is L13000178449 HK PROPERTIES LLC.

You may comply with this request via fax. Please fax correction(s) to the attention of the undersigned examiner at 850-245-6030.

Please return 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.

Stacey M Mason Regulatory Specialist II

www.sunbiz.org

Letter Number: 415A00022518

COVER LETTER

TO:	legistration Section Division of Corporations			
SUBJE	H & K Properties, LLC			
SCDOI	Name of Limited Liability Company			
	sed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.			
Please	irn all correspondence concerning this matter to the following:			
	Philip E Gable, Attorney			
	Name of Person			
	Philip E Gable, P.C.			
Firm/Company				
	1487 Montgomery Highway, Suite A			
Address				
	Vestavia, AL 35216			
	City/State and Zip Code			
	philip@pegable.com			
	E-mail address: (to be used for future annual report notification)			
For fur	r information concerning this matter, please call:			
	Philip E Gable, Attorney 205 823-2513 at ()			
	Name of Contact Person Area Code Daytime Telephone Number			
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Callahassee, FL 32314 Registration Section Corporations Registration Section Clifton Building Callahassee, FL 32314 Registration Section Clifton Building Callahassee, FL 32301			
Enclos	is a check for the following amount: □ \$125.00 Filing Fee □ \$130.00 Filing Fee & □ \$155.00 Filing Fee & □ \$160.00 Filing Fee, Certificate Certificate of Status Certified Copy □ \$160.00 Filing Fee, Certificate of Status & Certified Copy			

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 COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

COMPANY TO TRANSACT BO	SINESS IN THE STATE OF FLORIDA:		
	ign Limited Liability Company; must include FS, LIC	"Limited Liability Company," "L.L.C.,"	or "LLC.")
(If name unavailable, enter alt Liability Company," "L.L.C,"	ternate name adopted for the purpose of trans	acting business in Florida. The alternate r	name must include "Limited
Saint Clair County, Alab	pama a 2	20-2156203	
(Jurisdiction under the law company is organized)	of which foreign limited liability	(FEI number, if applical	ble)
4. N/A			
5. Harry and Kathryn Bri	(Date first transacted business in Flo (See sections 605.0904 & 605.0905, F. gman	rida, if prior to registration.) S. to determine penalty liability)	
14 Nancy Lane, Santa I		•	
ti	(Street Address of Principal	Office)	Constitution of the second
6. Harry and Kathryn Brig	ğman		
14 Nancy Lane, Santa l	Rosa Beach, FL 32459		
	(Mailing Address)		— <u></u>
7. Name and street addres	s of Florida registered agent: (P.O. Box	NOT acceptable)	The To
	Brian Brigman	1101 acceptable)	SS ST
Name:	Dian Digital	,	₹ E
Office Address:	112 Seascape Drive, etc. Unit 2102		-
•	Miramar Beach	Florida 32550	
Registered agent's accep	(City)	(Zip code)	
designated in this applica to comply with the provision	gistered agent and to accept service of patient, I hereby accept the appointment at ons of all statutes relative to the proper my position as pegistered agent.	s registered agent and agree to act in	this capacity. I further a
	(Registered age	s signature)	
8. The name, title or cap	acity and address of the person(s) who ha	as/have authority to manage is/are:	
•	, 14 Nancy Lane, Santa Rosa Beach, FL		
Kathryn Brigman, Memb	er, 14 Nancy Lane, Santa Rosa Beach, F	L 32459	
		•	
9. Attached is a certificate jurisdiction under the law of the translator must be s	of existence, no more than 90 days old, of which it is organized. (If the certificate submitted) Signature of an au	te is in a foreign language, a translatio	ing custody of records in the of the certificate under o
	Signature of an au	uthorized person	
This document is execute	d in accordance with section 605.0203 (1		t any false information
submitted in a document t	a the Department of State constitutes a th	ind dames falons as secreted for in a	917 165 E C

Typed or printed name of signee

Philip E Gable, Attorney

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 H & K Properties, LLC was formed in Saint Clair County, Alabama on December 27, 2004. The Alabama Entity Identification number for this entity is 458-443. I further certify that the records do not disclose that said entity has been dissolved, cancelled or terminated.



20151013000011432

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.

10/13/2015

Date

X. M. Menill

John H. Merrill

Secretary of State