# M15000009553

(Requestor's Name)						
(Address)						
(Ad	Idress)					
(Cit	ty/State/Zip/Phone	e #)				
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N. Culligan NOV 3 0 2018

#### . COVER LETTER

TO:

**Registration Section** 

Div	vision of Corporatio	ns		•			
UBJECT:	Hilborn & Howell,	LLC					
	Name of Limited Liability Company						
				Fransact Business in Florida," Certificat lity company to transact business in Florication			
Please return	n all correspondence	concerning this matter to the	following:				
	John C. Howel	II					
	Name of Person						
	Hilborn & Howell, LLC						
	Firm/Company						
	458 West Pros	pect					
	Address						
	Fayetteville, A	rkansas 72701					
	•	City/S	tate and Zip Code				
	john@hilbornho	well.com					
		E-mail address: (to be use	d for future annual report r	otification)			
For further in	nformation concerning	ng this matter, please call:					
John Howell		479 270- at ()	3936				
	Name o	of Contact Person	Area Code D	aytime 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					
	a check for the follow \$125.00 Filing Fee	ving amount:  \$130.00 Filing Fee &  Certificate of Status	☐ \$155.00 Filing Fee & Certified Copy				



RECEIVED

15 NOV 30 PH 12: 43

FLORIDA DEPARTMENT OF STATE Division of Corporations

November 17, 2015

JOHN C. HOWELL 458 WEST PROSPECT FAYETTEVILLE, AR 72701

SUBJECT: HILBORN & HOWELL LLC

Ref. Number: W15000075295

We have received your document for HILBORN & HOWELL LLC and your check(s) totaling \$125.00. 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).

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.

We use Each Munggers.
please see completed Form.

Neysa Culligan Regulatory Specialist II

Letter Number: 415A00024229

www.sunbiz.org

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

	TON 605.0902, FLORIDA STATUTES, T SINESS IN THE STATE OF FLORIDA:	THE FOLLOWING IS	SUBAIITTID TO RIGISTID A FORDS	SN TANITIST TABILITY
1. Hilborn & Howell, LLC (Name of Fore	gn Limited Liability Company; must	include "Limited Lis	bility Company," "L.L.C.," or "LLC."	)
If name unavailable, enter all Liability Company." "L.L.C."	ernate name adopted for the purpose of "LLC.")	of transacting busine	ss in Florida. The alternate name must	include "Limited
State of Arkansas		3. 47-281412		
(Jurisdiction under the law company is organized)	of which foreign limited liability	<u> </u>	(FEI number, if applicable)	<del></del> -
ı. <u>upon regist</u> ı	(Date first transacted business (See sections 605,0904 & 605.09	in Florida, if prior to	registration.)	
5. 458 West Prospect	(See sections bub.uyu4 & bub.us	905, F.S. to determin	e penany haomity)	
Fayetteville AR 72701				
s. 458 West Pr	(Street Address of Pri	incipal Office)		<b>100 3</b>
Fauetteville .t	R 7270)			2015 NOV 30
<del></del>	(Mailing Ac	idress)		
7. Name and street addres	s of Florida registered agent: (P.O	). Box <u>NOT</u> accep	table)	F 2
Name:	Incorp Services, Inc.		_	
Office Address:	17888 67th Court North		_	## <b>5</b>
	Loxahatchee		Florida 33470	•
	(City)	<u> </u>	(Zip code)	
designated in this application to comply with the provision of the provisi	gistered agent and to accept service tion, I hereby accept the appointm ons of all statutes relative to the pi my position as registered agent	nent as registered o roper and complet	gent and agree to act in this capa e performance of my duties, and i e DeFilippis on behalf of Ir	city. I further agree I am fanúliar with and
8. The name, title or capa	icity and address of the person(s) w	vho has/have autho	rity to manage is/are:	
·	, 458 West Prospect Fayettevil			
	456 West Prospect Fayetteville, A			
	of existence, no more than 90 days of which it is organized. (If the centre of the centre)			
	John C	(an authorized person	·	
	Signature o	f an authorized perso	n	
This document is executed submitted in a document to	in accordance with section 605.02 the Department of State constitute	203 (1) (b), Florida es a third degree fel	Statutes. I am aware that any false ony as provided for in s.817.155, F	information S.S.
	John C. Howell			

Typed or printed name of signee



## Arkansas Secretary of State Mark Martin

State Capitol Building • Little Rock, Arkansas 72201-1094 • 501-682-3409

### **Certificate of Good Standing**

I, Mark Martin, Secretary of State of the State of Arkansas, and as such, keeper of the records of domestic and foreign corporations, do hereby certify that the records of this office show

### **HILBORN & HOWELL, LLC**

authorized to transact business in the State of Arkansas as a Limited Liability Company, filed Articles of Organization in this office November 18, 2014.

Our records reflect that said entity, having complied with all statutory requirements in the State of Arkansas, is qualified to transact business in this State.



In Testimony Whereof, I have hereunto set my hand and affixed my official Seal. Done at my office in the City of Little Rock, this 23rd day of September 2015.

Mark Martin

Mark Martin

Secretary of State Online Certificate Authorization Code: 8c2504fafe0c9b6

To verify the Authorization Code, visit sos.arkansas.gov