

M15000010182

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

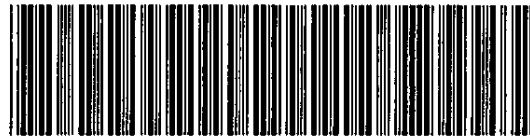
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W15-79819 cus Diff.

Office Use Only



300279508463

12/09/15--01017--019 **160.00

FILED

2015 DEC 21 PM 3:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
DEC 21 2015



RECEIVED

15 DEC 21 AM 11:35

FLORIDA DEPARTMENT OF STATE

Division of Corporations

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

December 10, 2015

FORD & PAULEKAS LLP FEDEX
DINORA VAZQUEZ
280 TRUMBULL ST, STE. 2200
HARTFORD, CT 06103

SUBJECT: ORC HANNIBAL SQUARE MANAGEMENT II, LLC
Ref. Number: W15000079819

We have received your document for ORC HANNIBAL SQUARE MANAGEMENT II, 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 listed in number one of the application must be identical to the name listed in the certificate of existence.

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.

Karen A Saly
Regulatory Specialist II

Letter Number: 615A00025911

**FORD &
PAULEKAS, LLP**

Attorneys at Law

280 Trumbull Street
Hartford, CT 06103
860.527.0400
Fax 860.249.7500

December 18, 2015

VIA FedEx

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

Re: Foreign Qualification Application

Dear Sir/Madam:

In connection with the above referenced matter enclosed please find the following:

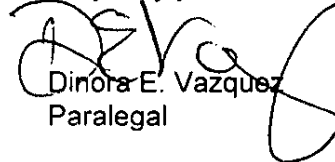
1. Hannibal Square Management II, LLC Application for Foreign Registration;
2. Letter Number 615A00025911, from the Florida Department of State indicating the reasons for initial rejection of the submission and the guidelines for resubmission.

Please note that the original submission named the entity as ORC Hannibal Square Management II, LLC, the entity in question is intended to be named Hannibal Square Management II, LLC.

Please return the Certificate of Status and certified copy in the enclosed prepaid FedEx envelope.

If you have any questions, please do not hesitate to contact me.

Very truly yours,


Dinora E. Vazquez
Paralegal

Enclosures

G:\1710 O, R & L\020 Hannibal Square II\Foreign Qual. Cvr. Letter Resubmission.docx

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Hannibal Square Management II, LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

Robert D. Owens

Name of Person

Hannibal Square Management II, LLC

Firm/Company

1646 33rd Street, Suite 301

Address

Orlando, Florida 32839

City/State and Zip Code

bowens@owens-services.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robert D. Owens	407	681-2000
_____ Name of Contact Person	at (_____) 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

Enclosed is a check for the following amount:

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy | <input type="checkbox"/> \$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 COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Hannibal Square Management II, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Delaware 3. _____
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. _____
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 1646 33rd Street, Suite 301
Orlando, FL 32839
(Street Address of Principal Office)

6. 1646 33rd Street, Suite 301
Orlando, FL 32839
(Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Owens Realty Capital, LLC
Office Address: 1646 33rd Street, Suite 301
Orlando, Florida 32839
(City) (Zip code)

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

[Signature]
(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Robert D. Owens, Authorized Representative, 1646 33rd Street, Suite 301 Orlando, FL 32839

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

[Signature]
Signature of an authorized person

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.

Robert D. Owens

Typed or printed name of signee

FILED
2015 DEC 21 PM 3:04
CLERK OF STATE
TALLAHASSEE, FLORIDA

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "HANNIBAL SQUARE MANAGEMENT II, LLC"
IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN
GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF
THIS OFFICE SHOW, AS OF THE SEVENTH DAY OF DECEMBER, A.D. 2015.

FILED
2015 DEC 21 PM 3:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



5900352 8300

SR# 20151217390

You may verify this certificate online at corp.delaware.gov/authver.shtml


Jeffrey W. Bullock, Secretary of State

Authentication: 10557135

Date: 12-07-15