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FLORIDA DEPARTMENT OF STATE Division of Corporations

March 3, 2016

ANTHONE DAMIANAKIS, ESQ. 2348 SUNSET POINT ROAD CLEARWATER, FL 33765

SUBJECT: H. CORRIGAN LLC Ref. Number: W16000016104

We have received your document for H. CORRIGAN LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

Pursuant to s.605.0902(1)(e), Florida Statutes, the document must contain the name, title or capacity and address of at least one person who has the authority to manage the foreign limited liability company.

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.

Stacey M Mason Regulatory Specialist II

Letter Number: 016A00004481

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: H. Corrigan L.LC 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:
Anthone Damignakis, Ess. Name of Person
Percock, Gaffney + Damianakis, P.A.
2348 Sunset Poid Rd.
Clearwater, FL 33765
City/State and Zip Code + on y @ Pg d law. ne + E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Anthone Damichakis at (727) 796-7774 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
Enclosed is a check for the following arount: \$\Begin{array}{c} \Begin{array}{c} \\$125.00 \text{ Filing Fee} \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \

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:
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "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. Velaware (Jurisdiction under the law of which foreign limited liability company is organized) 3. SI-1570678 (FEI number, if applicable)
4. (Date first transported business in Florida (Carior to registration)
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
5. 9 Dodge Street
Southampton Southampton Southampton
6. Southampton
SAME DO
SAME (Mailing Address)
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
Name: Address: Danianakis, Esg. Office Address: D348 Sunset Pt. Rd
Clearwater Florida 33765
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 complywith 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.
(Registered agentes signature)
8. The name title or capacity and address of the person(s) who has/have authority to manage is/are;
Estated and Helen Corrigan, Huthorned Membel
2 Date St Sallander MARR (FMBR)
1 lbdse St., Southampton, WT 11568
9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the principle of the certificate under oath
of the translator must be submitted)
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.
Typed or printed name of rience ANHAM Damiana Kis
MINNE Damianaris

<u>Delaware</u>

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "H. CORRIGAN 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 FIFTEENTH DAY OF MARCH, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "H. CORRIGAN LLC" WAS FORMED ON THE NINTH DAY OF FEBRUARY, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

Authentication: 201984448

Date: 03-15-16

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