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(Re	equestor's Name)				
(Address)					
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(Cit	ty/State/Zip/Phone #/)			
PICK-UP	MAIT	MAIL MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer.					
W16-575	51D				

Office Use Only



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ECRETARY OF STATE



FLORIDA DEPARTMENT OF STATE Division of Corporations

August 18, 2016

ANDREW SMITH 919 SW 83RD TERRACE GAINESVILLE, FL 32607

SUBJECT: CHARTER HOOK, LLC Ref. Number: W16000057510

We have received your document for CHARTER HOOK, 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):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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.

Tanisha L Washington Regulatory Specialist II

Letter Number: 116A00017531

COVER LETTER

TO:	Registration Section Division of Corporations
SUBJ:	Charter Hook, LLC
50 D J	Name of Limited Liability Company
	osed "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	turn all correspondence concerning this matter to the following:
	Andrew Smith
	Name of Person
	Charter Hook, LLC
	Firm/Company
	919 SW 83rd Terrace
	Address
	Gainesville, FL 32607
	City/State and Zip Code
	andrew@charterhook.com
	E-mail address: (to be used for future annual report notification)
For fu	er information concerning this matter, please call:
	Andrew Smith 662 832-2777
	Name of Contact Person Area Code Daytime Telephone Number
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Clifton Building Tallahassee, FL 32314 STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
Enclos	is a check for the following amount: \$\Pi\$ \$125.00 \text{ Filing Fee} \Pi\$ \$130.00 \text{ Filing Fee} \Pi\$ \$155.00 \text{ Filing Fee} \Pi\$ \$160.00 \text{ Filing Fee, Certificate of Status} \text{Certified Copy} \text{of Status & Certified Copy}

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

IN COMPLIANCE WITH SECTION 6050902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Charter Hook, LLC				
(Name of Fore	ign Limited Liability Company; mu:	st include "l	Limited Liability Company," "L.L.C.	.," or "LLC.")
f name unavailable, enter all ability Company," "L.L.C,"		e of transac	ting business in Florida. The alternate	e name must include "Limited
Mississippi		3. 45-	4888557	
(Jurisdiction under the law company is organized)	of which foreign limited liability		(FEI number, if applic	cable)
n/a				
	(Date first transacted busine (See sections 605.0904 & 605.	ss in Florid .0905, F.S.	a, if prior to registration.) to determine penalty liability)	
13220 Hwy 613	·			
Moss Point, MS 39562				
919 SW 83rd Terrace	(Street Address of I	Principal Of	fice)	
•				•
Gainesville, FL 32607	(Mailing A	Address)		— 至
	_			E9 >
Name and street addres	s of Florida registered agent: (P.	O. Box <u>N</u>	OT acceptable)	製造の
Name:	Andrew Smith			ARY ARY ASSA
Office Address:	919 SW 83rd Terrace			
	Gainesville		, Florida <u>32607</u>	3: 5 STAT LORE
egistered agent's accept	(City)		(Zip code	
esignated in this applicate complywith the provision	tion, I hereby accept the appoint	tment as re	cess for the above stated limited egistered agent and agree to act is decomplete performance of my d	in this capacity. I further as
	(Regist	ered agent's	s signature)	
3. The name, title or capa	city and address of the person(s)	who has/h	ave authority to manage is/are:	
ndrew Smith, President,	919 SW 83rd Terrace Gainesvill	e, FL 3260	70	
ason Savarese, General C	ounsel, PO Box 1423 Gulfport, I	MS 39502	· · · · · · · · · · · · · · · · · · ·	
		~.~~.	· · · · · · · · · · · · · · · · · · ·	
	of which it is organized. (If the combinated)	ertificate is	y authenticated by the official has in a foreign language, a translation	
	in accordance with section 605.0	0203 (1) (b ntes a third), Florida Statutes. I am aware that degree felony as provided for in s	



DELBERT HOSEMANN Secretary of State

Office of the Secretary of State Jackson, Mississippi

Certificate of Good Standing

I, C. DELBERT HOSEMANN, JR., Secretary of State of the State of Mississippi, and as such, the legal custodian of the records as required by The Mississippi Limited Liability Company Act to be filed in my office do hereby certify:

CHARTER HOOK, LLC

Registered the 7th day of November, 2011

A Mississippi Limited Liability Company has filed the necessary documents in this office and has obtained a certificate of formation under the provisions of The Mississippi Limited Liability Company Act as shown by the records in this office.

That the registered office of said Limited Liability Company is located at:

322 Courthouse Road Gulfport, MS 39507

And that the registered agent at that address is:

Savarese, Jason

I further certify that said Limited Liability Company has paid the fees for filing the above papers required by law as shown by the records of this office, and that said Limited Liability Company is in good standing to do business in Mississippi at this time.

Given under my hand and seal of office the 25th day of August, 2016

Dellat Noseman, 1.

C. Delbert Hosemann, Jr. Secretary of State

Certificate Number: CN16027342

Verify this certificate online at http://corp.sos.ms.gov/corpconv/verifycertificate.aspx

FILED