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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

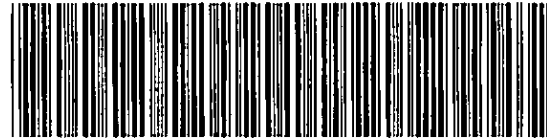
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

S. WARREN

SEP 01 2017

# VAUX MARSCHER BERGLIND

A SOUTH CAROLINA PROFESSIONAL ASSOCIATION

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August 25, 2017

**VIA FEDEX TO:**

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

RE: File Authority to Transact Business in Florida for Hammond Hicks, LLC, a South  
Carolina limited liability company (the "Matter")  
Our File No.: 17-468

Dear Florida Department of State:

Please find enclosed for filing one (1) original and a copy of the following documents:

1. Cover Letter, as promulgated on your website;
2. Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida, also as promulgated on your website; and
3. Certificate of Existence from the Office of the Hon. Mark Hammond, South Carolina Secretary of State.

Also, please find enclosed a check in the amount of One Hundred Sixty and 00/100 Dollars (\$160.00) to cover the filing fees in this Matter. As soon as possible, please file the enclosed original, and return the stamped and clocked copy to my attention in the self-addressed pre-paid envelope. Thank you for your assistance in this Matter and please feel free to contact me with any questions or comments. With kind regards, I am

Sincerely,

Justin John Price

Enclosures

OTHER OFFICES:

**BLUFFTON**  
1251 MAY RIVER ROAD  
BLUFFTON, SOUTH CAROLINA 29910  
(843) 757-2888 (OFFICE)  
(843) 757-2889 (FAX)

**OKATIE**  
16 WILLIAM POPE DRIVE, SUITE 202  
BLUFFTON, SOUTH CAROLINA 29909  
(843) 705-2888 (OFFICE)  
(843) 705-2889 (FAX)

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Hammond Hicks 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:

Rita Hammond

\_\_\_\_\_  
Name of Person

Hammond Hicks LLC

\_\_\_\_\_  
Firm/Company

295 Seven Farms Drive, Suite C211

\_\_\_\_\_  
Address

Daniel Island, South Carolina 29492

\_\_\_\_\_  
City/State and Zip Code

rita@hammondhicks.com

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

For further information concerning this matter, please call:

Rita Hammond

843

277.0626

\_\_\_\_\_  
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:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &  
Certificate of Status

☐ \$155.00 Filing Fee &  
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  
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Hammond Hicks LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
- N/A  
(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. South Carolina  
(Jurisdiction under the law of which foreign limited liability company is organized)
3. \_\_\_\_\_  
(FE) number, if applicable
4. No business transacted prior 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. 2423 South Orange Avenue  
(Street Address of Principal Office)  
#198  
Orlando, Florida 32806
6. 2423 South Orange Avenue  
(Mailing Address)  
#198  
Orlando, Florida 32806

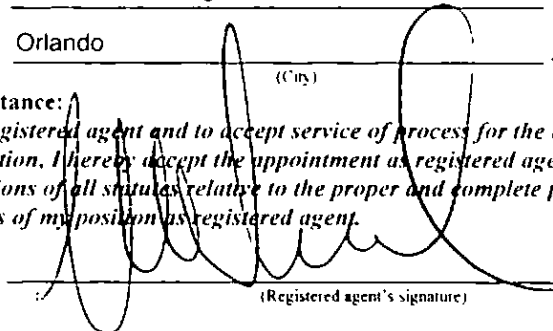
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Michael Levine

Office Address: 2423 South Orange Avenue, #198  
Orlando, Florida 32806  
(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.*

  
(Registered agent's signature)

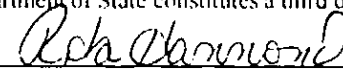
8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<u>Member</u>	<u>Rita Hammond</u> <u>295 Seven Farms Dr., Ste. C211</u> <u>Daniel Is., SC 29492</u>	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(Use attachments if necessary)

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)

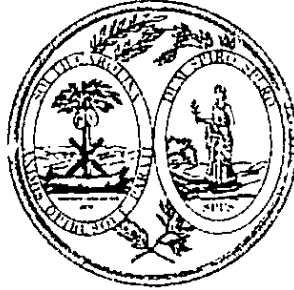
10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

  
\_\_\_\_\_  
Signature of an authorized person

Rita Hammond  
\_\_\_\_\_  
Typed or printed name of signee

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

# *The State of South Carolina*



*Office of Secretary of State Mark Hammond*


## **Certificate of Existence**

**I, Mark Hammond, Secretary of State of South Carolina Hereby Certify that:**

**HAMMOND HICKS LLC,**

a limited liability company duly organized under the laws of the State of South Carolina on September 24th, 2012, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to S.C. Code Ann. §33-44-809, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great Seal  
of the State of South Carolina this 11th day  
of August, 2017.

  
Mark Hammond, Secretary of State