M18000003851

(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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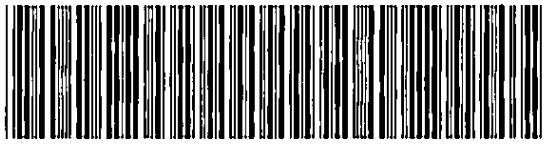

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18 APR 19 PM 12:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2018 APR 19 PM 4:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

O SIMMONS

APR 20 2018

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallhassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 172062 8147486

AUTHORIZATION :

COST LIMIT : $ 125.00

ORDER DATE : April 19, 2018

ORDER TIME : 1:0 PM

ORDER NO. : 172062-015

CUSTOMER NO: 8147486

FOREIGN FILINGS

NAME: HMI UTILITIES, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX_____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER: _____

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: HMI Utilities, 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:

Caroline A. Henrich
Name of Person

Henkels & McCoy Group, Inc.
Firm/Company

985 Jolly Road
Address

Blue Bell, PA 19422
City/State and Zip Code

CLc@henkels.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sherry Keeney at (215) 283-7997
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 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. HMI Utilities, 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. Pennsylvania
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 32-0538619
(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. 3525 Whitehall Park Drive, Suite 150, Charlotte, NC 28273
(Street Address of Principal Office)

6. 3525 Whitehall Park Drive, Suite 150, Charlotte, NC 28273
(Mailing Address)

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TALLAHASSEE, FLORIDA

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

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee (City), Florida 32301 (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.

Corporation Service Company
By: _____
(Registered agent's signature)

Roxanne Turner
Asst. Vice President

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

See attached listing.

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 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.

Caroline A. Henrich
Typed or printed name of signee

CORPORATE MANAGER & OFFICERS – HMI UTILITIES, LLC

NAME	ADDRESS	TITLE
MANAGERS		
David J. Cox	3525 Whitehall Park Drive, Suite 150, Charlotte, NC 28273	Manager
Caroline A. Henrich	3525 Whitehall Park Drive, Suite 150, Charlotte, NC 28273	Manager
Joseph C. Paulits IV	3525 Whitehall Park Drive, Suite 150, Charlotte, NC 28273	Manager
OFFICERS		
David J. Cox	3525 Whitehall Park Drive, Suite 150, Charlotte, NC 28273	President
Edward W. Campbell	3525 Whitehall Park Drive, Suite 150, Charlotte, NC 28273	Vice President
Joseph C. Paulits IV	3525 Whitehall Park Drive, Suite 150, Charlotte, NC 28273	Vice President
Caroline A. Henrich	3525 Whitehall Park Drive, Suite 150, Charlotte, NC 28273	Secretary
Eric Egelhoff	3525 Whitehall Park Drive, Suite 150, Charlotte, NC 28273	Assistant Secretary
Al Lippy	3525 Whitehall Park Drive, Suite 150, Charlotte, NC 28273	Assistant Secretary
Matthew D. Pirollo	3525 Whitehall Park Drive, Suite 150, Charlotte, NC 28273	Treasurer
Lawrence A. Marino	3525 Whitehall Park Drive, Suite 150, Charlotte, NC 28273	Assistant Treasurer
Peter J. Connolly	3525 Whitehall Park Drive, Suite 150, Charlotte, NC 28273	Assistant Treasurer

COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF STATE

04/19/2018

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

HMI Utilities, LLC

is duly registered as a Pennsylvania Limited Liability Company under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.

IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written

Robert Torres

Acting Secretary of the Commonwealth

Certification Number: TSC180419100639-1

Verify this certificate online at http://www.corporations.pa.gov/orders/verify