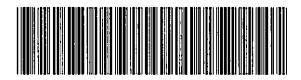
M1900000053Z

(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: Candy gave farmusses— to add RA Name + Addaws. Addaws.					

Office Use Only



700322855567

01/07/19--01022--003 *+160.00

2019 JAN -7 AH 8:40

M. MILLIGAN JAN 1 6 2019

BACCO CONTRACTOR

COVER LETTER

TO:

Registration Section

Div	ision of Corporation	ns						
SUBJECT:	HSC CARRABELL	E, LLC		_				
		Name of Limited Liability Company						
The enclosed Existence, ar	d "Application by For nd check are submitte	eign Limited Liability Comp d to register the above refere	oany for Authoriza enced foreign limi	ition to Tra ted liability	ansact Business in Florida," (y company to transact busine	Certificate of ess in Florida.		
Please return	all correspondence of	concerning this matter to the	following:					
	HAYMES S S	VEDEKER						
		N	ame of Person					
	HSC CARRAB	ELLE, LLC						
	Firm/Company							
805 TRIONE AVE								
Address								
DAPHNE, AL 36526								
		City/S	ate and Zip Code					
	CANDY@HIXS	NEDEKER.COM						
		E-mail address: (to be used	for future annual	report not	ification)			
For further in	nformation concerning	g this matter, please call:						
CA	NDY LAMBETH		251 at i	243-070	80			
	Name o	f Contact Person	Area Code	Day	time 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						
_	check for the follows 125.00 Filing Fee	ing amount: \$\Boxed{\text{S}} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	☐ \$155.00 Filin Certified Copy	g Fee &	■ \$160.00 Filing Fee, Cer 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 POLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. HSC CARRABELLE,			
(Name of Foreign	i Limited Liability Company; must include "L	imited Liability Company," "L.L.C.," or "LLC.") :
(If came unavailable, enter alternate	name adopted for the purpose of transacting business	in Florida. The alternate name must include "Limited Li-	ability Company," "L.L.C," or "LLC.")
2. BALDWIN COUNTY,	, ALABAMA	3 83-1891880	
(Jurisdiction under the law of v	which foreign limited liability company is organized)		ber, if applicable)
4 01/02/2019			
	(Date first transacted business in Florida, if pr (See sections 605,0904 & 605,0905, F.S. to di	or to registration.)	
5 805 TRIONE AVE		6 PO BOX 130	
(Street Address of	Principal Office)	(Mailing Add	dress)
DAPHNE, AL 36526		DAPHNE, AL 36526	
7. Name and street addre	ss of Florida registered agent: (P.O. 1	Box NOT acceptable)	事。 560 1
Name:	CT Comption	25 1	
Name:	CT Corporation	, ()	
Office Address:	1200 Sown Pine	Island Rd	
	Plantation	, Florida	24
Registered agent's accep	(City)	, Piorida (Zip coc	de)
to comply with the provis and accept the obligation	ions of all statutes relative to the pro is of my position as registered agent.	per and complete performance of my	duties, and I am familiar with ones, Asst. Secy.
	(Registered ag		
8. The name, title or cap. <u>Title or Capacity:</u> <u>Member</u>	Name and Address:	o has/have authority to manage is/are: Title or Capacity:	Name and Address:
	Dopme, AL 365	<u> </u>	
		 -	
(Use attachments if neces	sary)		
9. Attached is a certificate jurisdiction under the law of the translator must be s	of which it is organized. (If the certifi	ld, duly authenticated by the official hat icate is in a foreign language, a translat	aving custody of records in the cion of the certificate under oath
10. This document is exec submitted in a document to	outed in accordance with section 605.00 the Department of State constitutes a	203.(1) (b)Florida Statutes. I am awar a third degree felony as provided for in	re that any false information s.817.155, F.S.
		1 2 4 /	
	Signa	sture of an authorized person	
	HAYMES S. SNEDEKER	nure of an authorized person	

John H. Merrill Secretary of State P.O. Box 5616 Montgomery, AL 36103-5616

STATE OF ALABAMA

I, John H. Merrill, Secretary of State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that

the entity records on file in this office disclose that HSC Carrabelle, LLC was formed in Baldwin County, Alabama on September 14, 2018. The Alabama Entity Identification number for this entity is 529-856. I further certify that the records do not disclose that said entity has been dissolved, cancelled or terminated.



20190104000015608

In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the city of Montgomery, on this day.

01/04/2019

Date

X 24. Menill

John H. Merrill

Secretary of State