

M19000002912

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

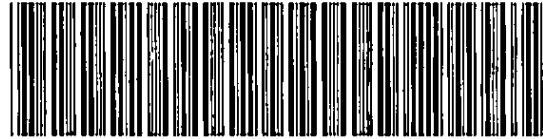
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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03/26/19--01013--003 **130.00

FILED
2019 MAR 26 PM 2:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. BRUCE
MAR 27 2019

COCHRAN & ALLAN

8000 Towers Crescent Drive, Suite 160
Tysons Corner, Virginia 22182
Phone: 703.847.4480 • Fax: 703.847.4499
www.cochranallan.com

Gosia J. Bochenek
gbochenek@cochranallan.com
Direct dial: 703.847.4482
Admitted in VA, DC and CT

March 25, 2019

Via UPS

Ms. Deborah Bruce
Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: URGENT - LOST FILING
Application by Foreign LLC for Authorization to
Transact Business in Florida

Dear Ms. Bruce:

Per our phone conversation today regarding a missing filing, enclosed are copies of the documents originally submitted by me on February 27 on behalf of Hampton 110, LLC, and a new check for \$130.

Please contact me at 703-847-4482 or gbochenek@cochranallan.com if you have any questions.

Please return the confirmation of filing to my attention at the address listed above. I appreciate your prompt attention to this filing, as the client is facing a transaction deadline this week.

Sincerely,



Gosia J. Bochenek

Enclosures

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February 27, 2019

Via UPS

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

**Re: Application by Foreign LLC for Authorization to Transact Business in
Florida**

Dear Sir or Madam:

Enclosed for filing on behalf of Hampton 110, LLC, a Maryland limited liability
company, are the following documents:

- (1) Application for Authorization to Transact Business in Florida;
- (2) Certificate of Existence issued by the State of Maryland; and
- (3) Check for \$130 to cover the Filing Fee and the Certificate of Status Fee.

Please contact me at 703-847-4482 or gbochenek@cochranallan.com if you have any
questions.

Please return the confirmation of filing to my attention at the address listed above.

Sincerely,



Gosia J. Bochenek

Enclosures

FILED
2019 MAR 26 PM 2:22
TALLAHASSEE, FL 32301

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Hampton 110, 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:

Gosia J. Bochenek

Name of Person

Cochran Allan

Firm/Company

8000 Towers Crescent Drive, Suite 160

Address

Tysons Corner, VA 22182

City/State and Zip Code

gbochenek@cochranallan.com

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

For further information concerning this matter, please call:

Gosia J. Bochenek

703

847-4482

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:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$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

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2019 MAR 26 PM 2:22
TALLAHASSEE, FLORIDA
CLERK OF STATE

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. Hampton 110, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," 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," "LLC," or "LLC.")

2. Maryland
(Jurisdiction under the law of which foreign limited liability company is organized)

3. (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. 101 Chestnut Street
(Street Address of Principal Office)
Suite 240
Gaithersburg, MD 20877

6. 101 Chestnut Street
(Mailing Address)
Suite 240
Gaithersburg, MD 20877

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

Name: Samuel J. Hagan, IV

Office Address: 2120 McGregor Boulevard

Fort Myers, Florida 33901
(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)

2019 MAR 26 PM 2:22

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8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

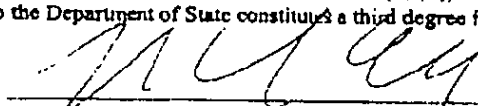
<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: Robert G. Epstein	<input checked="" type="checkbox"/> Manager	Name: Karen Epstein
<input type="checkbox"/> Member	Address: 101 Chestnut Street	<input type="checkbox"/> Member	Address: 101 Chestnut Street
<input type="checkbox"/> Authorized	Suite 240	<input type="checkbox"/> Authorized	Suite 240
Person	Gaithersburg, MD 20877	Person	Gaithersburg, MD 20877
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other

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2019 MAR 26 PM 2:22
TREASURY DEPARTMENT
FLORIDA

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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

Robert G. Epstein, Manager


Typed or printed name of signer

STATE OF MARYLAND
Department of Assessments and Taxation

I, MICHAEL L. HIGGS OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO LIMITED LIABILITY COMPANIES, OR THE RIGHTS OF LIMITED LIABILITY COMPANIES TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT HAMPTON 110, LLC (W06085088), REGISTERED DECEMBER 15, 2000, IS A LIMITED LIABILITY COMPANY EXISTING UNDER AND BY VIRTUE OF THE LAWS OF THE STATE OF MARYLAND, AND THAT THE LIMITED LIABILITY COMPANY IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING TO TRANSACT BUSINESS.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS FEBRUARY 27, 2019.



Michael L. Higgs
Director



301 West Preston Street, Baltimore, Maryland 21201
Telephone Baltimore Metro (410) 767-1340 / Outside Baltimore Metro (888) 246-5941
MRS (Maryland Relay Service) (800) 735-2258 TT/Voice

Online Certificate Authentication Code: 0M7EhsDXIEOdJ9_2NuzfcQ
To verify the Authentication Code, visit <http://dat.maryland.gov/verify>