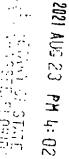
(Requestor's Name)					
(Address)					
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	City/State/Zip/Phone #)				
PICK-UP	WAIT MAIL				
(Business Entity Name)					
(Document Number)					
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AUG 26 2021 M. SOLOMON

## COVER LETTER

SUBJEC	Hallmark DE Nottingham, LLC CT:						
Name of Limited Liability Company							
The encl Existence	losed "Application by Foreign Limited Liability re, and check are submitted to register the above	Company for Authorization to Transact Business in Florida," Certificate of referenced foreign limited liability company to transact business in Florid					
Please re	eturn all correspondence concerning this matter t	o the following:					
	Kaylee Martin						
	<del></del>	Name of Person					
	Coleman Talley LLP						
	Firm/Company						
	1 Independent Drive, Suite 3130						
		Address					
	Jacksonville, Florida 32202						
		City/State and Zip Code					
	ppetersen@hallmarkco.com						
	E-mail address: (to be	e used for future annual report notification)					
For furtl	her information concerning this matter, please ca	П:					
	Kaylee Martin	904 456-8921 at ( )					
	Name of Contact Person	at () Area Code Daytime Telephone Number					
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303					
	Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEF  \$125.00 Filing Fee  \$130.00 Filing Fe  Certificate of	ee & 🔲 \$155.00 Filing Fee & 🔲 \$160.00 Filing Fee, Certificate					

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

IN COMPLANCE WITH SECTION 605 0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED HABILITY COMPANY TOTRANSACT BUSINESS IN THE STATE OF FLORIDA:

Hallmark DE Nottingha	ım, LLC					
(Name of Foreign	Limited Liability Company, must include "Limited	d Liability Cor	mpany," "E. L.C.," or "E.L.	(`")	_	
name unavailable, enter alternate n	name adopted for the purpose of transacting business in Fl	onda. The altern	nate name must include "Linu	ned Liability Company," "L.I. C," or	-1.1 C ")	
Delaware		3				
(Jurisdiction under the law of which foreign limited liability company is organized)		() [H number if applicable)				
	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605 0905, F.S. to determi	registration ) me penalty habil	bity)			
3111 Paces Mill Road SE		3111 Paces Mill Road SE				
eet Address of Principal Office)		6. (Mailing Address)				
Suite A-250		Sui	te A-250		_	
Atlanta, Georgia 30339		Atlanta, Georgia 30339				
Name and street address	s of Florida registered agent; (P.O. Box	NOT_acce	eptable)	·	2021 AUG	
Name:	Coleman Talley LLP		<u> </u>	ind and mer	23	
Office Address:	1 Independent Drive, Suite 3130	Suite 3130		ESTAL PAIS 3	PH 4: 02	
	Jacksonville		32202 , Florida		72	
	(Cuy)	<u></u>	(Zip co	ode)		

### 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 given.

Registered arent signature)

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]:

Title or Capacity:	Name and Address:	Title or Capacity	<u>::</u>	Name and Address:
■Manager	Name: Martin H. Petersen	□Manager	Name:	
□Member	Address: 3111 Paces Mill Road SE	□Member	Address:	MANUFACTOR .
□Authorized	Suite A-250	□Authorized		
Person	Atlanta, Georgia 30339	Person		
□Other	Other	□Other		□Other
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized	<del></del>	□Authorized		2021
Person		Person		
□ Other	Other	□Other		□Other
□Manager	Name:	⊡Manager	Name:	2007 <del>1.</del> 0
□Member	Address:	□Member	Address:	——————————————————————————————————————
□Authorized		□Authorized	<del> </del>	
Person		Person		
□Other	Other	□Other		□Other

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.

Matter H Signature of an authorized person

Martin H. Petersen, Manager

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# Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "HALLMARK DE NOTTINGHAM, LLC" IS DULY

FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE EIGHTEENTH DAY OF AUGUST, A.D. 2021.



Authentication: 203954520

Date: 08-18-21