

L100000081791

(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:

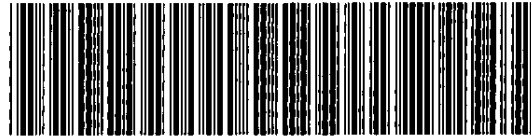
W1-31912

A. LUNT

AUG - 4 2010

EXAMINER

Office Use Only



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07/02/10--01014--027 **125.00

2010 AUG - 3 PM 3:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 6, 2010

CONSTANTINOS VAFOPOULOS
7774 QUIDA DRIVE
WEST PALM BEACH, FL 33411

SUBJECT: HOTACK CONSULTING, LLC
Ref. Number: W10000031912

We have received your document for HOTACK CONSULTING, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt
Regulatory Specialist II

Letter Number: 610A00016395

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HOTACK CONSULTING, LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

CONSTANTINOS VAFOPoulos
Name of Person

Firm/Company

7774 GUIDA DRIVE
Address

WEST PALM BEACH, FL 33411
City/State and Zip Code

CVAFOPOULOS@HOTMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

COSTANTINOS VAFOPoulos at (561) 685-5657
Name of Person Area Code & Daytime Telephone Number

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 (additional copy is enclosed) ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

HOTACK CONSULTING, LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

7774 QUIDA DRIVE
WEST PALM BEACH, FL 33411

Mailing Address:

7774 QUIDA DRIVE
WEST PALM BEACH, FL 33411

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

CONSTANTINOS VAFOPOULOS

Name

7774 QUIDA DRIVE

Florida street address (P.O. Box NOT acceptable)

WEST PALM BEACH FL 33411

City, State, and Zip

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 certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..


Registered Agent's Signature (REQUIRED)

(CONTINUED)

2010 AUG -3 PM 3:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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2010 AUG -3 PM 3:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

CONSTANTINOS VAFPOPOULOS
7774 QUIDA DRIVE
WEST PALM BEACH, FL 33411

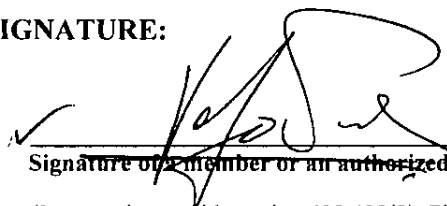
MGR

GRACIA VAFPOPOULOS
7774 QUIDA DRIVE
WEST PALM BEACH, FL 33411

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: June 28, 2010. (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

CONSTANTINOS VAFPOPOULOS

Typed or printed name of signee

Filing Fees:

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)