

L/3000/36681

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)



PICK-UP



WAIT



MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

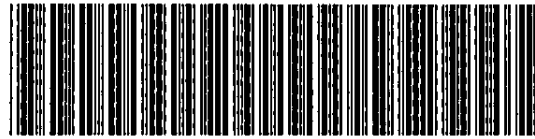
Special Instructions to Filing Officer:

SEP 27 2013

A. LUNT

W13-52960

Office Use Only



000251389910

09/23/13--01006--009 **160.00

RECEIVED
DIVISION OF CORPORATION

13 SEP 23 AM 11:16

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2013 SEP 26 AM 8:52



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 24, 2013

CAPITAL CONNECTION, INC.
ATTN: SETH
417E. VIRGINIA STREET SUITE 1
TALLAHASSEE, FL 32301

SUBJECT: RARE EARTH SCIENCES, LLC
Ref. Number: W13000052960

FILED
2013 SEP 26 AM 8:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for RARE EARTH SCIENCES, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable because it is the same as or not distinguishable from an existing entity. If the principals are the same in both entities, please send a letter or affidavit advising us of this association, along with your articles so that we may complete the filing process.

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: 013A00022365

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

HSA E & S, LLC

Signature _____

Requested by: Seth

09/26/13

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

2013 SEP 26 PM 8:42
RECEIVED
TALLAHASSEE, FLORIDA

FILED

____ Art of Inc. File _____
____ LTD Partnership File _____
____ Foreign Corp. File _____
____ L.C. File _____
____ Fictitious Name File _____
____ Trade/Service Mark _____
____ Merger File _____
____ Art. of Amend. File _____
____ RA Resignation _____
____ Dissolution / Withdrawal _____
____ Annual Report / Reinstatement _____
____ Cert. Copy _____
____ Photo Copy _____
____ Certificate of Good Standing _____
____ Certificate of Status _____
____ Certificate of Fictitious Name _____
____ Corp Record Search _____
____ Officer Search _____
____ Fictitious Search _____
____ Fictitious Owner Search _____
____ Vehicle Search _____
____ Driving Record _____
____ UCC 1 or 3 File _____
____ UCC 11 Search _____
____ UCC 11 Retrieval _____
____ Courier _____

(850) 245-6051.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HSA E & S, 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:

R. Jeffrey Stull, Esquire

Name of Person

R. Jeffrey Stull, P.A.

Firm/Company

602 South Boulevard

Address

Tampa, FL 33606

City/State and Zip Code

jeff@stullpa.com

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

For further information concerning this matter, please call:

Paula Brodesser

Name of Person

at (813) 251-3914

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input checked="" type="checkbox"/> \$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

2013 SEP 26 PM 8:52
STATE OF FLORIDA
DEPARTMENT OF REVENUE

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

HSA E & S, 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:

4019 East Fowler Avenue

Tampa, FL 33619

Mailing Address:

4019 East Fowler Avenue

Tampa, FL 33619

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:

R. JEFFREY STULL, ESQUIRE

Name

602 South Boulevard

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

Tampa, 33606

FL

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)

2013 SEP 26 AM 8:52
CLERK OF STATE
TAMPA, FL 33603

FILED

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

Conestoga-Rovers & Associates, Inc.

2055 Niagara Falls Boulevard, Suite 3

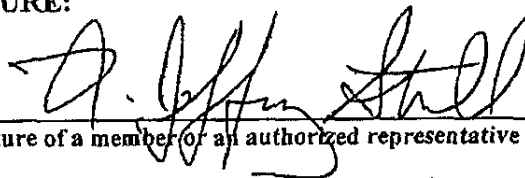
Niagara Falls, NY 14304

2013 SEP 26 PM 8:52
FILED

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: September 27, 2013. (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. 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.)

R. JEFFREY STULL, ESQUIRE

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)