

L13000 168114

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

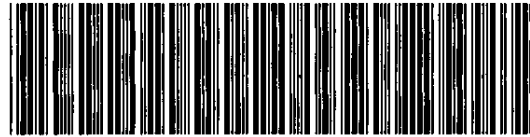
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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12/05/13--01003--001 **360.00

Effective Date

11/29/13

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REC - 4 2013

T. HAMPTON

(850) 245-6051.

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: HS-Pompano FL, 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:

Peter Alevizos

Name of Person

HS-Pompano FL, LLC

Firm/Company

162 Spyglass Lane

Address

Jupiter, FL 33477

City/State and Zip Code

pzos@yahoo.com

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

For further information concerning this matter, please call:

Lawrence J. Marks

Name of Person

at (**860**) **521-0569**

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

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

JULIANO & MARKS, LLC
ATTORNEYS AND COUNSELLORS AT LAW

1224 FARMINGTON AVENUE
WEST HARTFORD, CONNECTICUT 06107

FACSIMILE (860) 521-0558

Lawrence J. Marks, Esq.
Direct Dial: (860) 521-0569
Email: lmarks@jmattys.com

December 3, 2013

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

RE: HS-Pompano FL, LLC Formation and Merger

Dear Brenda:

Pursuant to my email to you, I am forwarding to you the necessary documents to form HS-Pompano FL, LLC as a Florida LLC. I have enclosed the Filing Fee and Certificate of Status Fee in the amount of \$130.00. I have enclosed a Consent Letter to use the name HS-Pompano FL, LLC in Florida. In addition, I have also enclosed the Certificate of Merger to effectuate the merger of HS-Pompano FL, LLC (Delaware) into HS-Pompano FL, LLC (Florida). A \$50.00 filing fee is also enclosed.

Thank you for your help. Please contact me with any questions.

Very truly yours,



Lawrence J. Marks

Peter Alevizos
Manager
HS-Pompano FL, LLC
162 Spyglass Lane
Jupiter, FL 33477

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

November 21, 2013

Re: Consent—HS-Pompano FL, LLC

Dear Sir or Madam:

I am the Manager of HS-Pompano FL, LLC, a Delaware limited liability company registered to do business in Florida. Enclosed are Articles of Organization to form HS-Pompano FL, LLC as a domestic limited liability company. I am consenting to the use of the name HS-Pompano FL, LLC by the newly formed domestic entity. We are going to merge the Delaware entity into the newly formed Florida entity which will be the survivor.

Thank you in advance for your consideration. Please contact me with any questions.

Sincerely,

A handwritten signature in black ink, appearing to read "Peter Alevizos", with a long, sweeping horizontal line extending to the right.

Effective Date

11/29/13

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

HS-Pompano FL, 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:

162 Spyglass Lane
Jupiter, Florida 33477

Mailing Address:

same

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:

Peter Alevizos

Name

162 Spyglass Lane

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

Jupiter, FL 33477

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)

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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:

MGR

Peter Alevizos

162 Spyglass Lane

Jupiter, Florida 33477

MGR

Nancy Alevizos

162 Spyglass Lane

Jupiter, Florida 33477

MGR

Robert Alevizos

21 Stoneclove Road

Wellsley, MA 02482

MGR

Michael Conley

37 Center Street

North Easton, MA 02356

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: November 29, 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.)

Peter Alevizos

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)

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA