

218000013292

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

(Business Entity Name)

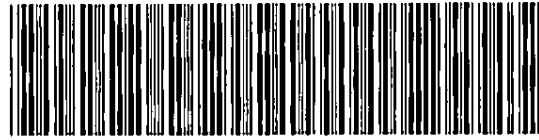
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M MOON  
JAN 18 2018



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RECEIVED STATE  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
18 JAN 18 AM 10:52

18 JAN 18 PM 2:26

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 026299 7416542

AUTHORIZATION :

*[Handwritten Signature]*

COST LIMIT : \$ 125.00

ORDER DATE : January 17, 2018

ORDER TIME : 9:52 AM

ORDER NO. : 026299-010

CUSTOMER NO: 7416542

DOMESTIC FILING

NAME: HEPOP5, LLC

EFFECTIVE DATE:

\_\_\_\_ ARTICLES OF INCORPORATION  
\_\_\_\_ CERTIFICATE OF LIMITED PARTNERSHIP  
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_ CERTIFIED COPY  
XX PLAIN STAMPED COPY  
\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner - EXT.

EXAMINER'S INITIALS: \_\_\_\_\_

18 JAN 18 PM 2:26  
Tallahassee, FL

**COVER LETTER**

**TO: New Filing Section  
Division of Corporations**

**SUBJECT:** HEPOP5, 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:

Gary E. Ittner

Name of Person

Ezon, Inc.

Firm/Company

1100 Fifth Avenue South, Suite 409

Address

Naples, FL 34102

City/State and Zip Code

garyi@ezonnaples.com

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

For further information concerning this matter, please call:

Gary E Ittner                      239                      263-1712  
Name of Person                      at (                      )  
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      ☐ \$160.00 Filing Fee,  
(additional copy is enclosed)      Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

**Mailing Address**

New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**

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

10 JUN 18 PM 2:26

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

HEPOPS, LLC

(Must contain 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:

c/o Ezon, Inc.  
1100 Fifth Avenue South, Suite 409  
Naples, FL 34102

Mailing Address:

c/o Ezon, Inc.  
1100 Fifth Avenue South, Suite 409  
Naples, FL 34102

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.)

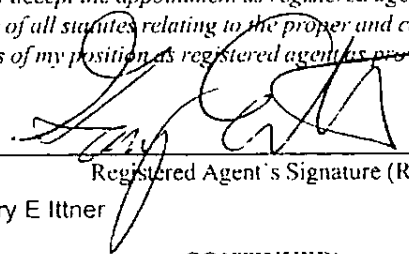
The name and the Florida street address of the registered agent are:

Gary E Ittner  
Name

1100 Fifth Avenue South, Suite 409  
Florida street address (P.O. Box **NOT** acceptable)

<u>Naples</u>	<u>FL</u>	<u>34102</u>
City	State	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 605, F.S..*

  
\_\_\_\_\_  
Registered Agent's Signature (REQUIRED)  
Gary E Ittner

(CONTINUED)

18 JAN 18 PM 2:26  
OFFICE

**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

MMGR

**Name and Address:**

Halvorsen Holdings, LLC

851 South Federal Highway, Suite 200

Boca Raton, FL 33432

AMBR

Ezon, Inc.

1100 Fifth Avenue South, Suite 409

Naples, FL 34102

(Use attachment if necessary)

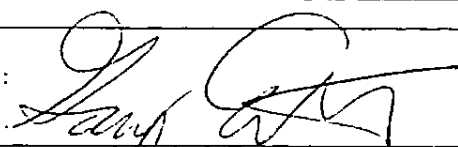
**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(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.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**ARTICLE VI:** Other provisions, if any.

**REQUIRED SIGNATURE:**



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

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.

Gary E Ittner

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)

18 JAN 16 PM 2:26  
ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED  
DATE 11/10/2011 BY 60322