

L18000282383

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

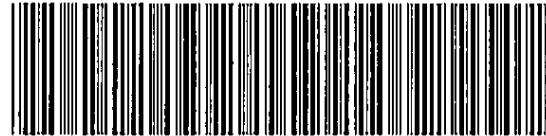
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300321394193

12/11/18--01001--001 **125.00

2018 DEC 10 AM 3:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
18 DEC 10 PM 9:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DEC 11 04
T SCHROEDER

Advanced Incorporating Service

1317 California Street
P.O. Box 20396
Tallahassee, FL 32316

Phone: 850-222-CORP
Fax: 850-575-2724
Email: orders@aisincfl.com
Website: www.aisincfl.com

NAME OF ENTITY <u>HPC LLC</u>	FOR OFFICE USE ONLY

PICK ONE:

☐ CERTIFIED COPY ☒ PHOTOCOPY ☐ C.U.S.

FILING:

☐ CORPORATION ☒ LLC ☐ LIMITED PARTNERSHIP ☐ GENERAL PARTNERSHIP
☐ FICTITIOUS NAME ☐ SERVICE MARK/TRADEMARK ☐ AMENDMENT
☐ FOREIGN QUALIFICATION ☐ JUDGMENT LIEN
☐ OTHER _____

RETRIEVAL:

☐ GOOD STANDING CERT/C.U.S. ☐ CERTIFIED COPY ☐ PHOTOCOPY
Of _____

APOSTILLE/CERTIFICATION REQUEST:

Country _____

Amount of Documents _____

DATE 12/10/18 TIME _____

Notes: _____

ARTICLES OF ORGANIZATION

FOR

HPCI, LLC

ARTICLE I - Name

The name of this Limited Liability Company is:

HPCI, LLC

ARTICLE II - Business Activity

The nature of the business of this company is any and all lawful business which a Limited Liability Company is permitted to conduct in the State of Florida.

ARTICLE III - Address

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

MAILING ADDRESS

2323 S. Washington Ave, Suite 102
Titusville, FL 32780

STREET ADDRESS

2323 S. Washington Ave, Suite 102
Titusville, FL 32780

FILED
18 DEC 10 PM 9:22
SECRETARY OF STATE
TALLAHASSEE, FL 32399

ARTICLE IV - Managing Members

This is a single-member Limited Liability Company. The name and address of the managing member is:

NAME

ADDRESS

Matthew S. Boffo

2323 S. Washington Ave, Suite 102
Titusville, FL 32780

ARTICLE V - Registered Agent

Office And Registered Agent's Signature

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

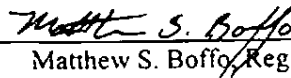
NAME

ADDRESS

Matthew S. Boffo

2323 S. Washington Ave, Suite 102
Titusville, FL 32780

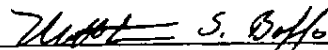
Having been named as registered agent and to accept service of process for the above stated limited liability company designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating 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.



Matthew S. Boffo, Registered Agent

ARTICLE V - Effective Date

The company shall commence its existence on the date these Articles of Organization are filed by the Florida Department of State or on another effective date as specified herein. The company's existence shall be perpetual unless the company is dissolved earlier as provided in these articles of organization or in the regulations.



Matthew S. Boffo, Managing Member

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

FILED
18 DEC 10 PM 3:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA