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Division of Corporations

SECOND REQUEST

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : CPLUSA TAX & ACCOUNTING INC
Account Number : I20190000090
Phone : (718)854-1989
Fax Number : (718)854-1947

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

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FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
ELECTRONIC FILING SERVICES

**FLORIDA LIMITED LIABILITY CO.
HONG HOT POT BRANDON LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

FLORIDA DEPARTMENT OF STATE
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HONG HOT POT BRANDON LLC

ATX1

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

HONG HOT POT BRANDON LLC

(Must contain the words "Limited Liability," "LLC," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

804 PROVIDENCE RD
BRANDON, FL 33511

804 PROVIDENCE RD
BRANDON FL 33511

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:

DE LING CHEN

Name

804 PROVIDENCE RD

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

BRANDON

FL 33511

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..

X 
Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED
MAY 15 2024
TALLAHASSEE
FLORIDA
SECRETARY OF STATE

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