# M04000004086

(Requestor's Name)	
(Address)	3008
(Address)	000
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	09/2
(Document Number)	
Certified Copies Certificates of Status	
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### TRANSMITTAL LETTER

TO: Registration Section Division of Corporations		
SUBJECT: HH607 LLC		
(Name of Limited Liability Company)		
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida		
Please return all correspondence concerning this matter to the following:		
Neil J. Gaeta, Manager		
(Name of Person)		
Hurricane Foods Co. LLC		
(Firm/Company)		
OFFE March 1 I D 1		
3555 Northlake Boulevard (Address)		
(Audiess)		
Palm Beach Gardens, FL 33403		
(City/State and Zip Code)		
(01.5) 00.00)		
For further information concerning this matter, please call:		
, <b>,</b>		
Neil J. Gaetaat (_561) _627-1900		
(Name of Person) (Area Code & Daytime Telephone Number)		
STREET ADDRESS: MAILING ADDRESS:		
Registration Section Registration Section		
Division of Corporations  Division of Corporations		
409 E. Gaines Street P.O. Box 6327		
Tallahassee, Florida 32399 Tallahassee, Florida 32314		
Enclosed is a check for the following amount:		
☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & ☐ \$155.00 Filing Fee & ☐ \$160.00 Filing Fee, Certificate  Certificate of Status Certified Copy of Status & Certified		

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1.	HH607 LLC	
	(Name of Foreign Limited Liability Company)	
2.	Mississippi (Jurisdiction under the law of which foreign limited liability company is organized)  3. 20-1640755 (FEI number, if applicable)	
4.	September 14, 2004  (Date of Organization)  5. Perpetual (Duration: Year limited liability company will cease to exist or "perpetual")	
6.		
	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)	
7.	(See sections 608.501 & 608.502 F.S. to determine penalty liability)  3555 Northlake Boulevard, Palm Beach Gardens, FL 33403  (Street Address of Principal Office)  (Street Address of Principal Office)	
	(Street Address of Principal Office)	
	(outsit i interprise of the property of the pr	<u>.</u> .
8	. If limited liability company is a manager-managed company, check here 🙀 💢 😅 🕉	*40.0
9	. The name and usual business addresses of the managing members or managers are as follows?	
	Neil J. Gaeta, Manager	
	3555 Northlake Boulevard, Palm Beach Gardens, FL 33403	
th	<ol> <li>Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of record rejurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a restation of the certificate under oath of the translator must be submitted.)</li> </ol>	lsin
1	1. Nature of business or purposes to be conducted or promoted in Florida: Food Service	
	Signature of a member or an authorized representative of a member.	
	(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)	
	Neil J. Gaeta, Manager	
	Typed or printed name of signee	

# CERTIFICATE OF DESIGNATION OF REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

	f the Limited Liability Company is:
нн607 1	.LC
2. The name a	nd the Florida street address of the registered agent and office are:
	Neil J. Gaeta, Manager
	(Name)
	3555 Northlake Boulevard
	Florida Street Address (P.O. Box NOT ACCEPTABLE)
	Palm Bch. Gardens FL 33403
	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 608, Florida Statutes.

(Signature)

Neil J. Gaeta, Manager

\$ 100.00 Filing Fee for Application \$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (optional) \$ 5.00 Certificate of Status (optional)

# State of Mississippi

### Office of the Secretary of State Eric Clark, Secretary of State Jackson, Missisppi

#### CERTIFICATE

I, ERIC CLARK, Secretary of State of the State of Mississippi, and as such the legal custodian of the records as required by The Mississippi Limited Liability Company Act to be filed in my office do hereby certify that:

HH607, LLC

Formed September 14, 2004

A Mississippi Limited Liability Company has filed the necessary documents in this office and has obtained a certificate of formation under the provisions of The Mississippi Limited Liability Company Act as shown by the records in this office.

That the registered office of said Limited Liability Company is located at:

506 S PRESIDENT ST JACKSON MS 39201

and that the registered agent at that address is:

### CORPORATION SERVICE COMPANY

I further certify that said Limited Liability Company has paid the fees for filing the above papers required by law as shown by the records of this office and that said Limited Liability Company is in good standing to do business in Mississippi at this time.

SFIRE OF MISS

Given under my hand and seal of office September 20, 2004

ric Clark

ERIC CLARK Secretary of State

Certification Number: 6663069-1 Page 1 of 1 Reference; FS Verify this certificate online at http://www.sos.state.ms.us/busserv/corp/verify