M1300007440

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
W13-40	931	

Office Use Only



200253556842

11/12/13--01042--024 **160.00



FLORIDA DEPARTMENT OF STATE Division of Corporations

November 13, 2013

JUSTIN CHAMPA 505 W 37TH ST APT 2707 NEW YORK, NY 10018

SUBJECT: HCS PROPERTIES LLC / HCSJJ PROPERTIES LLC

Ref. Number: W13000062931

We have received your document for HCS PROPERTIES LLC / HCSJJ PROPERTIES LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

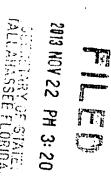
The document must contain the name, title, and business address of each managing member or manager who will manage the foreign limited liability company in the state of Florida. Please insert "MGRM" in the title portion for each managing member and "MGR" in the title portion for each manager.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce Regulatory Specialist II

Letter Number: 913A00026312



	4
CR2E027	79/10\

COVER LETTER

TO:

Registration Section Division of Corporations

SURJECT

HCS Properties 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:

Justin Champa			
Name of Person			
HCS Properties LLC			
Firm/Company			
505 W 37th St Apt 2707	D.U.	281	
Address	(A)	2013 NOV	7
New York, NY 10018	HASS)Y 22	- CHARLES AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON ADDRESS OF
City/State and Zip Code	THE THE	-10	
justin.champa@gmail.com	50 TH	<u>ာ</u>	A 111
E-mail address: (to be used for future annual report notification)	5	20	

For further information concerning this matter, please call:

Justin	Champa
Ousuit	Onampa

_{at} 516 \ 359-528

Name of Person

Area Code & Daytime Telephone Number

MAILING ADDRESS:

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

STREET ADDRESS:

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

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, Certificate of Status & Certified Copy



. 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:

TIMITED LIADITALI COMBANALI DO HAMBACI DOBINEGO IN HAL	I BIAIL OF FLORIDA.	
HCS Properties LLC		
(Name of Foreign Limited Liability Company; must include	le "Limited Liability Company," "L.L.C.," or "LLC.")	
HCSJJ Properties LLC		
If name unavailable, enter alternate name adopted for the purpose consent of the managers or managing members adopting the altern Company," "L.L.C," "LLC.")	e of transacting business in Florida and attach a copy of the w nate name. The alternate name must include "Limited Liabilit	vritten ty
New York 3.		_
(Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applicable)	
11/27/2012 _{5.}	Perpetual	
(Date of Organization)	(Duration: Year limited liability company will cease to exist or "perpetual")	-
6. Upon Qualitication (Date first transacted business in Flor	rida if prior to registration	;
(See sections 608.501 & 608.502 F.S.	to determine penalty liability)	
505 W 37th St Apt 2707	5 0 2	-
New York, NY 10018		
(Street Address of	of Principal Office)	******
3. If limited liability company is a manager-managed	<u></u>	m
9. The name and usual business addresses of the mana	元の 、	C
Justin Champa-MGRM- 505 W3775, A	Apt 2707 Now York, NY 10018	-
Justin Champa-MGRM-505 w37 Th St. A. Jared Scharen - MGRM-505 w 37 Th St. A.	Apt 2707 New York, NY 10018	
10. Attached is an original certificate of existence, no more than 90 of the jurisdiction under the law of which it is organized. (A photocop translation of the certificate under oath of the translator must be sub-	by is not acceptable. If the certificate is in a foreign language, a	
11. Nature of business or purposes to be conducted or	promoted in Florida:	_
Owners and lessors of residential rea	al estate	.•
		-
Signature of a member or an aut	thorized representative of a member.	
	ution of this document constitutes an affirmation under the	
	e. I am aware that any false information submitted in a a third degree felony as provided for in s.817.155, F.S.)	
Justin Chamna		

Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/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.

1. The	name	of the	Limited	Liability	Compan	y is:
--------	------	--------	---------	-----------	--------	-------

HCS Properties LLC

If unavailable, the alternate to be used in the state of Florida is:

HCSJJ Properties LLC

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

Byron McLeod		
,	(Name)	
5809 Wildwood Ave		22 AARY AASSE
Florida Street Address (P.O. Box NOT ACCEPTABLE)		
Sarasota	_{FL} 34231	(3: 20 STATE TORIDA
	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.

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

WRITTEN CONSENT TO ADOPT ALTERNATE NAME FOR USE IN THE STATE OF FLORIDA

We, the undersigned, do hereby certify that we are the Managers and/o	r Managing
Members of HCS Properties LLC	
(Name of Limited Liability Company)	
a limited liability company duly organized and existing under the laws	of
New York	
(State or Country of Organization)	
Because the name of this foreign limited liability company does not sat	isfy the
requirements of the s. 608.406, F.S., the limited liability company here	by adopts the
following name to transact business in the state of Florida:	
HCSJJ Properties LLC	
(Name to be used by limited liability company in Florida. NOTE: Name must end with Limite Company, L.L.C., or LLC.)	ed Liability
Date: 11/6/2013	
Signature(s) of Manager(s) and/or Managing Member(s):	~
	A PECALIFIA
111/	- 10 V
- Joh Liter -	
	3 3
·	97. C
	<u></u>

State of New York Department of State } ss:

I hereby certify, that HCS PROPERTIES, LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 11/27/2012, and that the Limited Liability Company is existing so far as shown by the records of the Department. I further certify the following:

A Certificate of Publication of HCS PROPERTIES, LLC was filed on 02/13/2013.

Certificate of Change was filed on 03/04/2013.

I further certify, that no other documents have been filed by such Limited Liability Company.



201311040410 * 13

Witness my hand and the official seal of the Department of State at the City of Albany, this 01st day of November two thousand and thirteen.

Anthony Giardina Executive Deputy Secretary of State

2019 NOV 22 PH 3: 20