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**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** HASSMAN RESEARCH INSTITUTE 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:

Christopher DiGiacomo, JD/CPA

\_\_\_\_\_  
Name of Person

Cowan DiGiacomo & Associates LLC

\_\_\_\_\_  
Firm/Company

651 Route 73 N, Suite 203

\_\_\_\_\_  
Address

Marlton, NJ 08053

\_\_\_\_\_  
City/State and Zip Code

jkennedy@hritrials.com

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

For further information concerning this matter, please call:

Christopher DiGiacomo	856	596-0585
_____ Name of Contact Person	at (_____) 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:

- |   |   |  |   |
|---|---|--|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy | <input type="checkbox"/> \$160.00 Filing Fee, Certificate<br>of Status & Certified Copy |
|---|---|--|---|

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. HASSMAN RESEARCH INSTITUTE LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. NEW JERSEY

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 81-0721585

(FEI number, if applicable)

4. UNPON REGISTRATION

(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 175 CROSS KEYS ROAD, BLDG 300

BERLIN, NJ 08009

(Street Address of Principal Office)

6. 175 CROSS KEYS ROAD, BLDG 300

BERLIN, NJ 08009

(Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: HOWARD HASSMAN

Office Address: 16244 BRIDLEWOOD CIR

DELRAY BEACH, Florida 33445

(City)

(Zip code)

**Registered agent's acceptance:**

*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 application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

(Registered agent's signature)

Howard Hassman, Managing member

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

HRI-H, LLC, HOWARD HASSMAN, 16244 BRIDLEWOOD CIR, DELRAY BEACH, FL 33445

DAVID HASSMAN, 175 CROSS KEYS RD, BLDG 300, BERLIN, NJ 08009

MICHAEL HASSMAN, 175 CROSS KEYS RD, BLDG 300, BERLIN, NJ 08009

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

Signature of an authorized person

Howard Hassman, Managing 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.

HOWARD A HASSMAN, Managing member

Typed or printed name of signee

RECEIVED  
16 MAY 2008 PM 5:44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**STATE OF NEW JERSEY  
DEPARTMENT OF THE TREASURY  
DIVISION OF REVENUE AND ENTERPRISE SERVICES  
SHORT FORM STANDING**

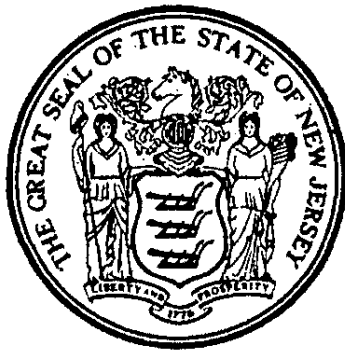
**HASSMAN RESEARCH INSTITUTE LLC**  
0450034896

*I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Limited Liability Company was registered by this office on December 03, 2015.*

*As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.*

*I further certify that the registered agent and office are:*

HOWARD HASSMAN  
175 CROSS KEYS ROAD  
BLDG 300  
BERLIN, NJ 08009



*IN TESTIMONY WHEREOF, I have  
hereunto set my hand and affixed  
my Official Seal at Trenton, this  
5th day of May, 2016*



Ford M. Scudder  
Acting State Treasurer

Certificate Number : 6071388322

Verify this certificate online at

[https://www1.state.nj.us/TYTR\\_StandingCert/JSP/Verify\\_Cert.jsp](https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp)