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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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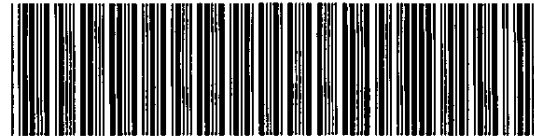
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T WASHINGTON

OCT 10 2016

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: H.G. ASSOCIATES NEW ENGLAND, 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:

GREGORY S. OROPEZA, ESQ.

Name of Person

SMITH OROPEZA HAWKS, PL

Firm/Company

138-142 SIMONTON STREET

Address

KEY WEST, FL 33040

City/State and Zip Code

greg@smithoropeza.com

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

For further information concerning this matter, please call:

Gregory S. Oropeza

305 296-7227
at ()

Name of Contact 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 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. H.G. ASSOCIATES NEW ENGLAND, 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. RHODE ISLAND 3. 20-5303581
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable)
company is organized)

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

5. 735 Poorhouse Lane
Key West, FL 33040
(Street Address of Principal Office)

6. Same as above
(Mailing Address)

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

Name: Gregory S. Oropeza
Office Address: 138-142 Simonton Street
Key West, Florida 33040
(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)

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

Jason H. Goldfarb, Manager

735 Poorhouse Lane

Key West, FL 33040

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

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.

Gregory S. Oropeza
Typed or printed name of signer

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TALLAHASSEE, FLORIDA



State of Rhode Island and Providence Plantations
Department of State | Office of the Secretary of State
Nellie M. Gorbea, Secretary of State

Certification Number: **16090078650**

*The office of the Secretary of State of the State of Rhode Island and Providence Plantations,
HEREBY CERTIFIES, that*

H.G. ASSOCIATES NEW ENGLAND, LLC

a Rhode Island limited liability company, filed original articles of organization in this office on

July 25, 2006

Effective

July 25, 2006

*IT IS FURTHER CERTIFIED that as of this date said company is duly organized and existing
under and by virtue of the State of Rhode Island.*

SIGNED AND SEALED ON

Tuesday, September 27, 2016

Secretary of State

Authorized Agent

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16 SEP -6 AM 11:22
STATE OF RHODE ISLAND
PROVIDENCE, FLORIDA

