

M18000007988

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

(Business Entity Name)

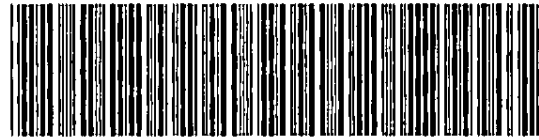
(Document Number)

Certified Copies _____

Certificates of Status _____

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Office Use Only

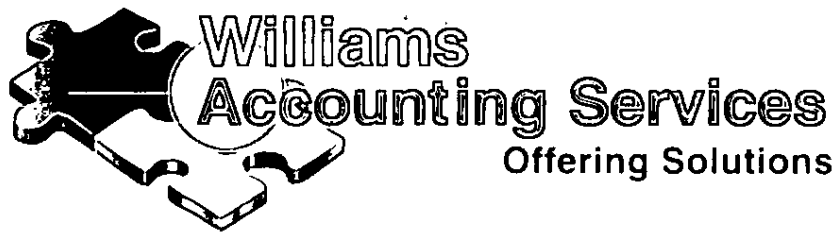


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JhS
4-30-18



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

August 20, 2018

RE: FL Foreign LLC Application for MPK Industries Doc #W18000044231

Dear Sir or Madam:

Enclosed is an original copy of the New York Certificate of Status for MPK Industries. I was advised at time of rejection that this letter was the only missing piece of information in order to approve the application.

Please contact me if you have any questions or need additional information.

Sincerely,

Sean Williams
President

6/10/18
01015 026

2018 AUG 23 AM 9:28

2018 AUG 30 PM 12:54

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: HPK INDUSTRIES, 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:

MICHAEL LIBERATORE

Name of Person

HPK INDUSTRIES

Firm/Company

1208 BROAD ST, P.O. BOX 4682

Address

UTICA, NY 13504-4682

City/State and Zip Code

SEAN@WESTPALMACCOUNTING.COM

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

For further information concerning this matter, please call:

SEAN WILLIAMS

561

899-4412

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

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

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

2. NEW YORK 3. 59-3773798
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. _____
(Date first transacted business in Florida, if prior to registration)
(See sections 605.003 & 605.002, F.S., to determine penalty liability)

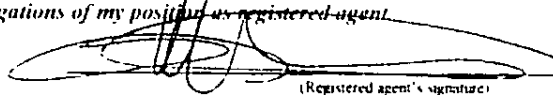
5. 1208 BROAD STREET 6. 1208 BROAD STREET
(Street Address of Principal Office) (Mailing Address)
P.O. BOX 4682 P.O. BOX 4682
UTICA, NY 1354-4682 UTICA, NY 13504-4682

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

Name: WILLIAMS ACCOUNTING SERVICES
Office Address: 405 N. ROSEMARY AVE
WEST PALM BEACH, Florida 33401
(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)

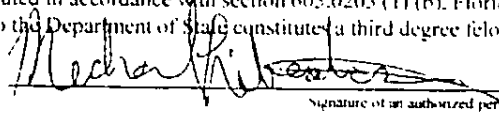
8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<u>MEMBER</u>	<u>MICHAEL LIBERATORE</u> <u>1208 BROAD ST</u> <u>UTICA, NY 13504-4682</u>	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(Use attachments if necessary)

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)

10. 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.


(Signature of an authorized person)

MICHAEL LIBERATORE
(Typed or printed name of signee)

State of New York
Department of State } ss:

I hereby certify, that HPK INDUSTRIES, LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 11/26/2003, and that the Limited Liability Company is existing so far as shown by the records of the Department. I further certify the following:

An Affidavit of Publication of HPK INDUSTRIES, LLC was filed on 08/02/2004.

An Affidavit of Publication of HPK INDUSTRIES, LLC was filed on 08/02/2004.

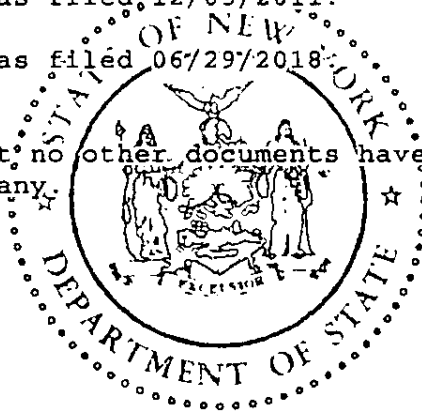
A Biennial Statement was filed 10/13/2005.

A Biennial Statement was filed 10/26/2007.

A Biennial Statement was filed 12/05/2011.

A Biennial Statement was filed 06/29/2018.

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



*WITNESS my hand and the official seal
of the Department of State at the City of
Albany, this 03rd day of July two
thousand and eighteen.*

*Brendan W. Fitzgerald
Executive Deputy Secretary of State*