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(Address)

(Address)

(City/State/Zip/Phone #)

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TALLAHASSEE, FLORIDA

45  
8/25/20

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: HDCX, 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 Sullivan  
Name of Person

Hyperion Decimus, LLC  
Firm/Company

125 S Swoope Ave, STE 203  
Address

Maitland, FL 32751  
City/State and Zip Code

info@hyperiondecimus.com  
E-mail address: (to be used for future annual report notification)

2009 JUN 17 7 PM 3:09  
S. J. LINDEN

For further information concerning this matter, please call:

Matthew Rosen at ( 407 ) 537-9393  
Name of Contact Person Area Code Daytime Telephone Number

**Mailing Address:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

- \$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. HDCX, 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. DE 3. 85-1494034  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

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

5. 125 S Swoope Ave Ste 203  
(Street Address of Principal Office)  
Maitland, FL 32751

6. 125 S Swoope Ave, Ste 203  
(Mailing Address)  
Maitland, FL 32751

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

Name: Hyperion Decimus, LLC

Office Address: 125 S Swoope Ave, STE 203

Maitland, Florida 32751  
(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)

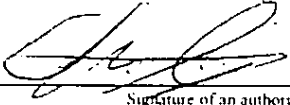
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: Christopher Sullivan	<input type="checkbox"/> Manager	Name: Matthew Rosen
<input type="checkbox"/> Member	Address: 125 S Swoope Ave STE 203	<input type="checkbox"/> Member	Address: 125 S Swoope Ave STE 203
<input checked="" type="checkbox"/> Authorized Person	Maitland, FL 32751	<input checked="" type="checkbox"/> Authorized Person	Maitland, FL 32751
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name: Kamal Mokeddem	<input type="checkbox"/> Manager	Name: Haim Bodek
<input type="checkbox"/> Member	Address: 125 S Swoope Ave STE 203	<input type="checkbox"/> Member	Address: 125 S Swoope Ave STE 293
<input checked="" type="checkbox"/> Authorized Person	Maitland, FL 32751	<input checked="" type="checkbox"/> Authorized Person	Maitland, FL 32751
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized Person	_____	<input type="checkbox"/> Authorized Person	_____
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other

**Important Notice:** Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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  
  
 Chris Sullivan  
 \_\_\_\_\_  
 Typed or printed name of signer

# Delaware

The First State

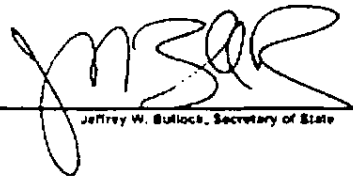
I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HDCX, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SIXTEENTH DAY OF JULY, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HDCX, LLC" WAS FORMED ON THE FIFTH DAY OF JULY, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

2020 JUL 17 PM 3:09



  
Jeffrey W. Bullock, Secretary of State

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SR# 20206127079

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

Authentication: 203295454

Date: 07-16-20