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COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: HDTRAILERS 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:

AARON COCUZZO

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

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

7153 SOUTHERN BLVD STE A

\_\_\_\_\_  
Address

WEST PALM BEACH, FL 33413

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

TOWKINGARRON@AOL.COM

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

For further information concerning this matter, please call:

AARON COCUZZO

561 718-7084  
at ( )

\_\_\_\_\_  
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. HDTRAILERS 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. ALABAMA

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

3. 85-2605254

(FEI number, if applicable)

4. 09/01/2020

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

5. 19650 COUNTY ROAD 70

(Street Address of Principal Office)

6. 7153 SOUTHERN BLVD STE A

(Mailing Address)

ANDALUSIA, AL 36421

WEST PALM BEACH, FL 33413

USA

USA

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

Name: AARON COCUZZO

Office Address: 7153 SOUTHERN BLVD STE A

WEST PALM BEACH

(City)

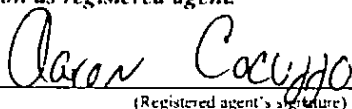
, Florida

33413

(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]:

**Title or Capacity:**                      **Name and Address:**

☐ Manager              Name: AARON COCUZZO

☒ Member              Address: 7153 SOUTHERN BLVD

☐ Authorized              STE A

WEST PALM BEACH, FL 33413

Person

☐ Other \_\_\_\_\_              ☐ Other \_\_\_\_\_

**Title or Capacity:**                      **Name and Address:**

☐ Manager              Name: \_\_\_\_\_

☐ Member              Address: \_\_\_\_\_

☐ Authorized              \_\_\_\_\_

                                 \_\_\_\_\_

Person

☐ Other \_\_\_\_\_              ☐ Other \_\_\_\_\_

☐ Manager              Name: \_\_\_\_\_

☐ Member              Address: \_\_\_\_\_

☐ Authorized              \_\_\_\_\_

                                 \_\_\_\_\_

Person

☐ Other \_\_\_\_\_              ☐ Other \_\_\_\_\_

☐ Manager              Name: \_\_\_\_\_

☐ Member              Address: \_\_\_\_\_

☐ Authorized              \_\_\_\_\_

                                 \_\_\_\_\_

Person

☐ Other \_\_\_\_\_              ☐ Other \_\_\_\_\_

☐ Manager              Name: \_\_\_\_\_

☐ Member              Address: \_\_\_\_\_

☐ Authorized              \_\_\_\_\_

                                 \_\_\_\_\_

Person

☐ Other \_\_\_\_\_              ☐ Other \_\_\_\_\_

☐ Manager              Name: \_\_\_\_\_

☐ Member              Address: \_\_\_\_\_

☐ Authorized              \_\_\_\_\_

                                 \_\_\_\_\_

Person

☐ Other \_\_\_\_\_              ☐ 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.

Aaron Cocuzzo  
Signature of an authorized person

AARON COCUZZO  
Typed or printed name of signee

STATE OF ALABAMA

DOMESTIC LIMITED LIABILITY COMPANY (LLC)  
CERTIFICATE OF FORMATION

PURPOSE: In order to form a limited liability company (LLC) under Section 10A-5A-2.01 of the Code of Alabama 1975 this Certificate Of Formation and the appropriate filing fees must be filed with the Office of the Judge of Probate in the county where the entity's initial registered office is located. **The information required in this form is required by Title 10A.**

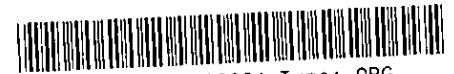
INSTRUCTIONS: Mail one (1) signed original and two (2) copies of this completed form and the appropriate filing fees to the Office of the Judge of Probate in the county where the limited liability company's (LLC) registered office is/will be located. Contact the Judge of Probate's Office to determine the county filing fees. **Make a separate check or money order payable to the Secretary of State for the state filing fee of \$100.00** for standard filing and the Judge of Probate's Office will transmit the fee along with a certified copy of the Certificate to the Office of the Secretary of State within 10 days after the Certificate is filed. Your notification of filing was provided by the Probate Judge's Office via a stamped copy which is evidence of existence (if it is certified by the Probate Office) according to 10A-1-4.04(c) and the Secretary of State's Office does not send out a copy. You may pay the Secretary of State fees by credit card if the county you are filing in will accept that method of payment. Your entity will not be indexed if the credit card does not authorize and will be removed from the index if the check is dishonored (\$30.00 fee).

**The information completing this form must be typed (for your convenience the information is fill-able on this computer form on the website above).**

1. The name of the limited liability company (must contain the words "Limited Liability Company" or the abbreviation "L.L.C." or "LLC," and comply with Code of Alabama, Title 10A-1-5.06. You may use Professional or Series before Limited Liability Company if they apply or you may use those abbreviations):  
HDTrailers LLC
2. A copy of the Name Reservation certificate from the Office of the Secretary of State must be attached and the name reserved must agree with item 1 above [proves name reservation under 10A-1-4.02(f)].

This form was prepared by: (type name and full address)

Cheyenne Moseley  
Legalzoom.com, Inc.  
101 N Brand Blvd., 11th Floor  
Glendale CA 91203



Doc ID: 023152390004 Type: ORG  
Filed/Cert: 08/13/2020 02:20:00 PM  
Fee Amt: \$73.25 Page 1 of 4  
Madison County, AL  
FRANK BARGER Probate Judge

File **2020-00061781**

(For County Probate Office Use Only)

(For SOS Office Use Only)

**DOMESTIC LIMITED LIABILITY COMPANY (LLC) CERTIFICATE OF FORMATION**

3. The name of the Registered Agent located at the Registered Office (only one agent):

USCA, Inc.

Street (**No PO Boxes**) address of Registered Office (must be located in Alabama):

600 Boulevard South SW, Suite 104J, Huntsville, AL 35802 (County of Madison)

Mailing address in Alabama of Registered Office (if different from street address):

4. The undersigned certify that there is at least one member of the limited liability company.

5. Check **only** if the type applies to the Limited Liability Company being formed:

☐ Series LLC complying with Title 10A, Chapter 5A, Article 11

☐ Professional LLC complying with Title 10A, Chapter 5A, Article 8

☐ Non-Profit LLC complying with 10A-5A-1.04(c)

6. The filing of the limited liability company is effective immediately on the date filed by the Judge of Probate or at the delayed filing date (cannot be prior to the filing date) specified in this filing. 10A-1-4.12

The undersigned specify \_\_\_\_ / \_\_\_\_ / \_\_\_\_ as the effective date (must be on or after the date filed in the office of the county Judge of Probate, but no later than the 90th day after the date this instrument was signed) and the time of filing to be \_\_\_\_ : \_\_\_\_ ☐ AM or ☐ PM. (cannot be noon or midnight – 12:00)

☐ Attached are any other matters the members determine to include herein ( if this item is checked there must be attachments with the filing).

08 / 04 / 2020  
Date (MM/DD/YYYY)

  
Signature as required by 10A-5A-2.04

Cheyenne Moseley, Assistant Secretary  
Typed Name of Above Signature

LegalZoom.com, Inc., Organizer  
Typed Title (Organizer or Attorney-in-fact)

Additional Organizers/Attorney-in-facts may sign (add additional sheets if necessary).

Attachment Certificate of Formation of  
HDTailers LLC

1. With the exception of a transfer of interest as set forth in section 3 below, additional Persons may become Members of the Company and be issued additional Ownership Interests only if approved by and on terms determined by a unanimous written agreement signed by all of the existing Members.
2. Before a Person may be admitted as a Member of the Company, that Person must sign and deliver to the Company the documents and instruments, in the form and containing the information required by the Company, that the Members deem necessary or desirable, including, but not limited to, a signed consent.
3. A Member may not transfer any Membership Interests, whether now owned or later acquired, unless Members holding all of the Percentage Interests not subject to transfer consent to such transfer. A person may acquire Membership Interests directly from the Company upon the written consent of all Members. A person that acquires Membership Interests in accordance with this paragraph will be admitted as a Member of the Company only after the requirements of paragraph 2 above are complied with in full.

John H. Merrill  
Secretary of State

P.O. Box 5616  
Montgomery, AL 36103-5616

# STATE OF ALABAMA

**I, John H. Merrill, Secretary of State of Alabama, having custody of the  
Great and Principal Seal of said State, do hereby certify that**

pursuant to the provisions of Title 10A, Chapter 1, Article 5, Code of Alabama  
1975, and upon an examination of the entity records on file in this office, the  
following entity name is reserved as available:

**HDTrailers LLC**

This name reservation is for the exclusive use of Legalzoom.com, Inc., 9900  
Spectrum Dr., Austin, TX 78717 for a period of one year beginning August 03,  
2020 and expiring August 03, 2021

Filed/Cert: 08/13/2020 02:20:00 PM  
Fee Amt: \$73.25 Page 4 of 4  
Madison County, AL  
FRANK BARGER Probate Judge  
File **2020-00061781**



RES897471

**In Testimony Whereof, I have hereunto set my  
hand and affixed the Great Seal of the State, at the  
Capitol, in the city of Montgomery, on this day.**

August 03, 2020

Date

A handwritten signature in black ink that reads "J. H. Merrill".

John H. Merrill

Secretary of State



## MADISON County Recording Page

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FRANK BARGER  
Probate Judge  
100 NORTH SIDE SQUARE # 101  
Huntsville, AL 35801  
(256) 532-3330

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Received From :  
LEGALZOOM.COM INC  
101 N. BRAND BLVD FL 11  
POB 29096  
GLENDALE, CA 91209-9096

Index Type : Land Records

Instrument # : 2020-00061781

Type of Document : Articles Of Organization

Book : Page :

Recording Pages : 4

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### Recorded Information

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I hereby certify that the attached document was filed for registry and recorded in the Probate Judge office for  
MADISON County, Alabama


On (Recorded Date) : 08/13/2020

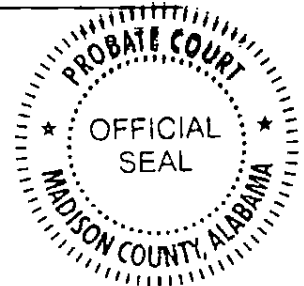
At (Recorded Time) : 2:20:00PM

\*CS023152390004\*

Doc ID - 023152390004

PROBATE JUDGE  
FRANK BARGER  
Madison County  
I certify that this is a true copy of the attached  
document that was filed for registry and  
Recorded 08/13/2020 at 2:20:00 pm  
File Number 2020-00061781  
Recorded in Book Page

  
Judge of Probate



Return To :  
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