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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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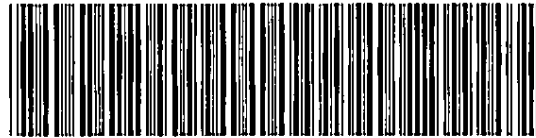
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: HPCT, 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:

Gilman C. Perkins  
Name of Person  
HPCT, LLC  
Firm/Company  
122 East Sandpiper Circle  
Address  
Jupiter, FL 33477  
City/State and Zip Code  
gilmanperkins@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gilman C. Perkins      954      953-6350  
Name of Contact Person      at (      )      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 &    ☐ \$155.00 Filing Fee &    ☐ \$160.00 Filing Fee, Certificate  
   Certificate of Status      Certified Copy      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. HPCT, LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")  
Horton Point CT 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. Connecticut  
(Jurisdiction under the law of which foreign limited liability company is organized)
3. 81-4464265  
(FEI number, if applicable)
4. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
5. 122 East Sandpiper Circle  
(Street Address of Principal Office)  
Jupiter, FL 33477
6. 122 East Sandpiper Circle  
(Mailing Address)  
Jupiter, FL 33477

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

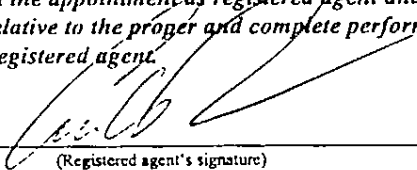
Name: Gilman C. Perkins

Office Address: 122 East Sandpiper Circle

Jupiter, Florida 33477  
(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]:

Title or Capacity:                      Name and Address:

☐ Manager                      Name: Gilman C. Perkins

☐ Member                      Address: 122 East Sandpiper Circle

☐ Authorized                      Jupiter, FL 33477

Person \_\_\_\_\_

☒ Other managing member                      ☐ Other \_\_\_\_\_

☐ Manager                      Name: Lisa Holzwarth

☒ Member                      Address: 4500 PGA Boulevard Suite 204

☐ Authorized                      Palm Beach Gardens, FL 33418

Person \_\_\_\_\_

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

☐ Manager                      Name: Brian Reich

☒ Member                      Address: 4500 PGA Boulevard Suite 204

☐ Authorized                      Palm Beach Gardens, FL 33418

Person \_\_\_\_\_

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

Title or Capacity:                      Name and Address:

☐ Manager                      Name: Linda Champagne

☒ Member                      Address: 4500 PGA Blvd Suite 204

☐ Authorized                      Palm Beach Gardens, FL 33418

Person \_\_\_\_\_

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

☐ Manager                      Name: Janna Sobolev

☒ Member                      Address: 4500 PGA Boulevard Suite 204

☐ Authorized                      Palm Beach Gardens, FL 33418

Person \_\_\_\_\_

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

☐ Manager                      Name: John Holzwarth

☒ Member                      Address: 4500 PGA Boulevard Suite 204

☐ Authorized                      Palm Beach Gardens, FL 33418

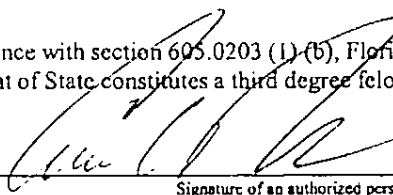
Person \_\_\_\_\_

☐ 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.

  
\_\_\_\_\_  
Signature of an authorized person

Gilman C. Perkins

\_\_\_\_\_  
Typed or printed name of signee

Office of the Secretary of the State of Connecticut

I, the Connecticut Secretary of the State, and keeper of the seal thereof,  
DO HEREBY CERTIFY, that articles of organization for

HPCT, LLC

a domestic limited liability company, were filed in this office on November 18, 2016.

Articles of dissolution have not been filed, and so far as indicated by the records of this office such  
limited liability company is in existence.



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Secretary of the State

Date Issued: September 23, 2020