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2021 MAY 26 PM 2:57

SECRETARY OF STATE
TALLAHASSEE, FL

SPA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 7, 2021

HBE CONSULTING, LLC
127 CAPTAIN'S CT
MORICHES, NY 11955

SUBJECT: HBE CONSULTING LLC
Ref. Number: W21000063023

We have received your document for HBE CONSULTING LLC and check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Pursuant to s.605.0902(1)(e), Florida Statutes, the document must contain the name, title or capacity and address of at least one person who has the authority to manage the foreign limited liability company.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Suzanne Hawkes
Regulatory II

Letter Number: 721A00009620

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HBE CONSULTING 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:

HAROLD BEYEL JR.
Name of Person

HBE CONSULTING LLC
Firm/Company

127 CAPTAIN'S CT
Address

MORICHES, NY 11955
City/State and Zip Code

HBEYEL@ESTEE.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

HAROLD BEYEL JR. at 631 897-7981
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 6050C, FLORIDA STATUTES THE FOLLOWING IS SUBMITTED TO BE AN "ARTIFICIAL PERSON"
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. HBE CONSULTING, LLC
Name of foreign limited liability company, must be the same as that of the company as filed in its home jurisdiction

HBE Realty, LLC
Business name to be used in Florida, must be the same as that of the company as filed in its home jurisdiction

2. NEW YORK 3. _____
State or country of origin of company

4. TO BEGIN MAY 2021
Effective date of registration, must be the same as that of the company as filed in its home jurisdiction

5. 127 GRAFTON CT 6. SAME
Principal office address in Florida, must be the same as that of the company as filed in its home jurisdiction

MIRABEL, NY 11955
Principal office address in Florida, must be the same as that of the company as filed in its home jurisdiction

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

Name: J.E. LAW OFFICES OF BRADLEY R. MOYER, P.A.
Office address: EAST LAKE OSPREY DR
LAKEWOOD RANCH Florida 34240
City State Zip

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.

Bradley R Moyer
Signature of registered agent

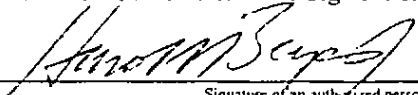
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<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: <u>HAROLD BEYEL JR</u>	<input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: <u>127 CANTERBURY CT.</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>POCAHONTAS, NY</u>	<input type="checkbox"/> Authorized	_____
Person	<u>11953</u>	Person	_____
<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	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<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	_____	<input type="checkbox"/> Authorized	_____
Person	_____	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

HAROLD BEYEL JR.
Typed or printed name of signer

RECEIVED
MAY 25 2011

State of New York
Department of State } ss:

I hereby certify, that HBE CONSULTING LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 11/21/2016, and that the Limited Liability Company is existing so far as shown by the records of the Department. I further certify the following:

A Biennial Statement was filed 09/28/2020.

The Biennial Statement is past due.

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 05th day of April two
thousand and twenty-one.*

Brendan C Hughes

Brendan C Hughes
Executive Deputy Secretary of State