

12/21/21, 3:52 PM

Division of Corporations

## Florida Department of State

**M21000017412**

Division of Corporations  
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## To:

Division of Corporations  
Fax Number : (850)617-6383

## From:

Account Name : USACORP INC.  
Account Number : I20130000019  
Phone : (718)362-4789  
Fax Number : (718)408-2550

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: director@ussops.us

**Foreign Limited Liability Company**  
**HLGE LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

2021 DEC 21 AM 4:24

FILED BY: JESSIE A. GRIFFIN

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2021 DEC 21 AM 8:02

APPROVED  
AND  
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DEC 29 2021

K. Brumbley

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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS  
IN FLORIDAIN 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. HLGE 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. New York  
(Jurisdiction under the law of which foreign limited liability company is organized)3. \_\_\_\_\_  
(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. 1111 Biscayne Blvd  
(Street Address of Principal Office)6. 1111 Biscayne Blvd  
(Mailing Address)Unit 2105Unit 2105Miami Florida 33181Miami Florida 331817. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)Name: Scott GartenOffice Address: 1111 Biscayne Blvd Unit 2105Miami, Florida 33181  
(City) (Zip code)APPROVED  
AND  
FILED  
2021 DEC 21 AM 8:02  
SECRETARY OF STATE  
TALLAHASSEE, FL 32399

## 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.*/s/ Scott Garten  
(Registered agent's signature)

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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 checked="" type="checkbox"/> Manager	Name: <u>Scott Garten</u>	<input type="checkbox"/> Manager	Name: <u>Danielle Garten Chafee</u>
<input type="checkbox"/> Member	Address: <u>11111 Biscayne Blvd</u>	<input checked="" type="checkbox"/> Member	Address: <u>1032 Calle Parque Drive</u>
<input type="checkbox"/> Authorized	<u></u>	<input type="checkbox"/> Authorized	<u>El Paso Texas 79912</u>
Person	<u>Miami Florida 33181</u>	Person	<u></u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input checked="" type="checkbox"/> Manager	Name: <u>Angela Veal</u>	<input type="checkbox"/> Manager	Name: <u>Alison Schlanger</u>
<input type="checkbox"/> Member	Address: <u>11111 Biscayne Blvd</u>	<input checked="" type="checkbox"/> Member	Address: <u>14 Lynn Road</u>
<input type="checkbox"/> Authorized	<u>Miami Florida 33181</u>	<input type="checkbox"/> Authorized	<u>Port Washington NY 11050</u>
Person	<u></u>	Person	<u></u>
<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	<u></u>	<input type="checkbox"/> Authorized	<u></u>
Person	<u></u>	Person	<u></u>
<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.

/s/ Scott Garten

Signature of an authorized person

Scott Garten

Typed or printed name of signer

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## STATE OF NEW YORK

## DEPARTMENT OF STATE

## Certificate of Status

I, ROBERT J. RODRIGUEZ, Acting Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

Entity Name:	HLGE LLC
DOS ID Number:	5392231
Entity Type:	DOMESTIC LIMITED LIABILITY COMPANY
Entity Status:	EXISTING
Date of Initial Filing with DOS:	08/13/2018
Statement Status:	CURRENT
Statement Due Date:	08/31/2022

No information is available from this office regarding the financial condition, business activity or practices of this entity.

WITNESS my hand and official seal of the Department of State,  
at the City of Albany, on December 21, 2021 at 03:22 P.M.

ROBERT J. RODRIGUEZ, Acting Secretary of State



*Brendan C. Hughes*

By Brendan C. Hughes  
Executive Deputy Secretary of State

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