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Account#: I20000000088

Date: 08	/01/2022	
Name:	Merritt Walker	
	1756949	
Entity Name:	HAF	RA ZOIS, LLC
	f Incorporation/Authorization	
Amendme	ent	
☐ Change o	of Agent	
Reinstate	ment	
Conversion	on	
☐ Merger		
☐ Dissolutio	n/Withdrawal	
Fictitious	Name	
Other		
Authorized Amor	unt: \$125	
Signature:	m	

F: 800.944.6607

COVER LETTER

TO:

Registration Section

Div	ision of Corporation	S				
SUBJECT:	HARA ZOIS, LLC					
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	_	Name of Limi	ted Liability (Company		•
		eign Limited Liability Company I to register the above referenced				
Please return	n all correspondence co	oncerning this matter to the follo	owing:			
	NICK MARSIC	ю				
	Name of Person					•
	HUCK BOUMA PC					
Firm/Company						•
	1755 S NAPERVILLE RD STE 200					
Address						•
	WHEATON, IL	60189				
		City/State	and Zip Code			•
	nmarsico@huckb	ouma.com				
		E-mail address: (to be used for	future annua	report notificat	tion)	•
For further in	nformation concerning	this matter, please call:				
Ka	ti Metzler	at	630	344-1159		
	Name of	Contact Person	Area Code	Daytime	Telephone Number	
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314			STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			
	closed is a check for th ase make check payab	e following amount: le to: FLORIDA DEPARTME	NT OF STA	TE		
	\$125.00 Filing Fee	S130.00 Filing Fee & Certificate of Status	\$155.00	Filing Fee & ed Copy	\$160.00 Filing of Status & Cer	

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLEMENTH SECTION 615.09(C. FLORIDA SECTO TES. THE FOLLOWING ISSUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS. IN THE STATE OF FLORIDA:

(Name of Foreign	Limited Liability Company, must include "Limited Lia	bility Company, "T. I. C.," or "L.I.C.")		
DELAWARE	name adopted for the purposed of fratisaciting business in Florida. I	the alternate turne transfuncture "Limited Lindship, Company," "L. L. C. " is	e 110 00	
	hich foreign inneed hability company is or aan and	3. Off number, if applicable i		
Comparison range (of Fac of A	nica katego (mirito) habiniy Juripady is (rigarizod)	el l'I number, il applicables		
	(Onte first transacted business in Florida, if prior to registre (See sections 60° 0904 & 60° 0905 F.S. to determine pen	Mari i		
6703 14TH STREET				
(Street Address of Principal Office)		6703 14TH STREET WEST 6. (Vanishy Address)		
	Transition , vise &	(Mailing Address)		
UNIT 214		CNIT 214		
BRADENTON EL 24	20.7	DD / DD / DO / DO / DO / DO / DO / DO /		
BRADENTON, FI. 34207		BRADENTON, Fl. 34207		
Name and <u>street addre</u>	is of Florida registered agent: (P.O. Box <u>NO</u>	Tacceptable)	Processor	
Name:	COGENCY GLOBAL, INC.		1881	
Office Address:	115 NORTH CALHOUN STREET, STE. 4		F F106	
	TALLAHASSEE	32301 , Florida	101	
	1f. #y1	(Ap code)		

Registered agent's acceptance:

Having been named as registered agent and to accept vervice 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.

Meriate Marin, ASST Secy.

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members managers or persons authorized to

Title or Capacity:	Name and Address:	<u>Title or Capacit</u>	<u>(v:</u>	Name and Address:
■Manager	Name: ALEXANDER HARALAMPOPOULOS	Manager	Name:	
Member	Address: 6703 14TH STREET WEST	☐ Member	Address:	
Authorized	UNIT 214	☐ Authorized		
Person	BRADENTON, FL 34207	Person		
Other	Other	Other		Other
Manager	Name:	☐ Manager	Name:	
Member	Address:	Member	Address:	
Authorized		Authorized		75. 6
Person		Person		S = 3
Other	Other	Other		Other
]Manager	Name:	Manager	Name:	
]Member	Address:	Member	Address:	·············
]Authorized		Anthorized		*15
Person		Person		· · · · · ·
n	Other	Other		Other

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.

alienantes the danger hades	
Signature of an authorized person	·
ALEXANDER HARALAMPOPOULOS, MANAGER	
Typed or printed name of signee	

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "HARA ZOIS, 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 EIGHTH DAY OF JULY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HARA ZOIS, LLC" WAS FORMED ON THE SEVENTH DAY OF JULY, A.D. 2022.

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





6901398 8300 SR# 20222938887 Authentication: 203867635

Date: 07-08-22