# M240008148

(Re	questor's Name)	<u> </u>			
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP	WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Centified Copies	Certificates	s of Status			
Special Instructions to Filing Officer:					





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05/07/24--01012--027 \*\*180.00

RECEIVED MAY 06 2024



T. LEMIEUX JUN 2 6 2024

## COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: HBG Supply 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:
Brandow Cobb Name of Person
HBG SUPPLY LLC Firm/Company
405 Carphilly CT Address
Brentwood TN 370'37  City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Brandon Cabbo at (901) 596-6435  Name of Contact Person Area Code Daytime Telephone Number
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, Fl. 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303
Enclosed is a check for the following amount:  Please make check payable to: FLORIDA DEPARTMENT OF STATE  \$\Boxed{1} \\$125.00 \text{ Filing Fee} \\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$





June 4, 2024

BRANDON COBB 405 CARPHILLY CT BRENTWOOD, TN 37027

SUBJECT: HBG SUPPLY LLC Ref. Number: W24000084090

We have received your document for HBG SUPPLY LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Letter Number: 824A00012115

Tracy L Lemieux Regulatory Specialist II

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

	TION (05.0002, FLORIDA STATUTES, THE F SINESS IN THE STATE OF FLORIDA:	OLLOWING IS SUBMITTED	TO REGISTER A FOREIC	N TAMITED LABILITY
1. HBG Sc (Name of Foreign	Libited Liability Company, must include "Limite	ed Liability Company," "L.L.C.,	"or"LL(*")	<del></del>
(If name unavailable, enter alternate n	name adopted for the purpose of transacting business in F	lorida. The alternate name must mel	ude "Emited Emblity Company	," "L.L.C," or "LLC.")
2. Tennesse (Jurisdiction under the law of w	ee United States hich foreign limited liability company is organized)	3. <u>92</u> -	- 1262715 (FEI number, 17 applicable)	
4	(Date first transacted business in Florida, if prior to	registration)		
5. 405 Car	(Date first transacted business in Florida, if prior to (See sections 605 0901 & 605 0905, F.S. to determ		Carphilly CT	<u>-</u>
,	D, TN 37027	, , , , , , , , , , , , , , , , , , ,	ocd, TN 3'	
			<del></del> -	77
7. Name and street addres	s of Florida registered agent: (P.O. Box	NOT acceptable)		AH 12: 0
Name:	Mikhail Seidon			90 :
Office Address:	19390 Collins Aue			
	Junny Isles Beac	, Florida _	33160 (Zip code)	
designated in this applica to comply with the provisi	tance: gistered agent and to accept service of tion, I hereby accept the appointment of ons of all statutes relative to the propel s of my position as registered agent.	is registered agent and ag	gree to act in this capa	city. I further agree
	(Registered agent's	clu GH		

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]: Name and Address: Title or Capacity: Name and Address: Title or Capacity: Name: Mikhail Seidor Name: Brudon Cobb □Manager □Manager Address: 19390 Collins Ave Address: 405 Carphilly CT □Member □Member Apt. 907 Sunny Isles Beach Brestwood, TN 37027 **D**Authorized (VAuthorized Person Person □Other \_\_\_\_\_ □Other □Other □Other □Manager Name: □Manager □Member Address: □Member Address: □ Authorized □ Authorized Person Person □Other\_\_\_\_\_ □Other\_\_\_\_ □Other □Other\_\_\_\_ Name: □Manager Name: □Manager Address: \_\_\_\_ Address: □ Member □Member □ Authorized □ Authorized Person Person □Other\_\_\_\_ □Other\_\_\_\_\_ Other □Other\_\_\_ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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.



# **Division of Business Services Department of State**

State of Tennessee 312 Rosa L. Parks AVE, 6th FL Nashville, TN 37243-1102

**BRANDON COBB** 405 CARPHILLY CT BRENTWOOD, TN 37027 April 30, 2024

Request Type: Certificate of Existence/Authorization

0581230

Issuance Date: 04/30/2024

Copies Requested:

**Document Receipt** 

Receipt #: 008971751

Payment-Credit Card - State Payment Center - CC #: 3873170631

Filing Fee:

\$20.00 \$20.00

Regarding:

Request #:

**HBG Supply LLC** 

Filing Type:

Limited Liability Company - Domestic

Formation/Qualification Date: 12/05/2022

Status:

Active

**Duration Term:** 

Perpetual

Business County: DAVIDSON COUNTY

Control #:

1373486 12/05/2022

Formation Locale: TENNESSEE

Inactive Date:

Date Formed:

#### CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

### **HBG Supply LLC**

- \* is a Limited Liability Company duly formed under the law of this State with a date of incorporation and duration as given above;
- \* has paid all fees, interest, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;
- \* has filed the most recent annual report required with this office;
- \* has appointed a registered agent and registered office in this State;
- \* has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Secretary of State

Processed By: Cert Web User Verification #: 067286126