

M22000018674

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

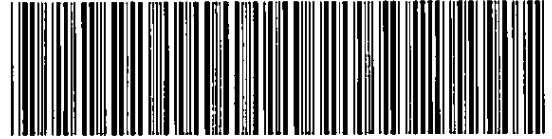
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700396696797

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

2022 DEC -9 PM 4: 11

RECEIVED

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

2022 DEC 14 PM 1: 07

APPROVED  
AND  
FILED

DEC 14 2022  
K. Brumby

W22-152864

FLORIDA CAPITAL COURIER SERVICES, INC  
2330 CLARE DRIVE  
TALLAHASSEE, FL 32309  
(850) 524-5437  
(850) 524-6243

PLEASE use funds from ACCT: I20210000160 AMOUNT: \$ 155.<sup>00</sup>  
Authorization Signature: *James Hall*

Business \_\_\_\_\_ Document # \_\_\_\_\_

HITS Hospitality LLC

Walk in  Pick up time \_\_\_\_\_

Mail out  Will wait

Photocopy

Certified Copy (s) of Articles

Certificate of Status

**NEW FILINGS**

- Profit
- Not for Profit
- Limited Liability
- Domestication
- Other
- CORP

**AMMENDMENTS**

- Amendment
- Resignation of R.A. Officer/Director
- Change of Registered Agent
- Dissolution/Withdrawal
- Merger
- Conversion

**OTHER FILINGS**

- Annual Report
- Fictitious Name
- APOSTIL ( ) \_\_\_\_\_  
Country

**REGISTRATION/QUALIFICATIONS**

- Foreign filing
- Limited Partnership
- Reinstatement
- Other

EXAMINER'S INITIALS: \_\_\_\_\_

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: HITS Hospitality, 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:

John A. Eickman  
Name of Person

HITS, LLC  
Firm/Company

151 Stockade Drive  
Address

Kingston, NY 12401  
City/State and Zip Code

john@hitsshow.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

John Eickman at (914) 489-7325  
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 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA

1. HITS Hospitality, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C." or "LLC")

(If name is available, enter alternate name, adapted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C." or "LLC.")

2. Delaware (Jurisdiction under the law of which foreign limited liability company is organized)
3. S6-1155608 (FEI number, if applicable)

4. Date of registration
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability.)

5. 151 Stockade Drive (Street Address of Principal Office)
Kingston, NY 12401
6. 151 Stockade Drive (Mailing Address)
Kingston, NY 12401

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

Name: Nicholas Ezzo
Office Address: 5276 Northwest 20th Place
Ocala Florida 34482

APPROVED AND FILED
2022 DEC 14 PM 1:07
SECRETARY OF STATE

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.

Nicholas Ezzo
(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: HITS, LLC

Member          Address: 151 Stockade Drive

Authorized      Kingston, NY 12401

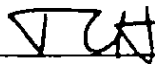
Person          Geoffrey Laurie, CEO

Other \_\_\_\_\_           Other \_\_\_\_\_

Title or Capacity:                      Name and Address:

Manager          Name: Todd Henry

Member          Address: 292 County Route 27B

Authorized       Hudson, NY 12534

Person          Todd Henry, CFO

Other \_\_\_\_\_           Other \_\_\_\_\_

Manager          Name: Pam Walther

Member          Address: 126 Lighthouse Dr,

Authorized      Sugerties, NY 12477

Person          Pam Walther, VP & Secretary

Other \_\_\_\_\_           Other \_\_\_\_\_

Manager          Name: \_\_\_\_\_

Member          Address: \_\_\_\_\_

Authorized      \_\_\_\_\_

Person          \_\_\_\_\_

Other \_\_\_\_\_           Other \_\_\_\_\_

Manager          Name: \_\_\_\_\_

Member          Address: \_\_\_\_\_

Authorized      \_\_\_\_\_

Person          \_\_\_\_\_

Other \_\_\_\_\_           Other \_\_\_\_\_

Manager          Name: \_\_\_\_\_

Member          Address: \_\_\_\_\_

Authorized      \_\_\_\_\_

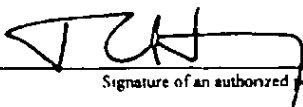
Person          \_\_\_\_\_

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

Todd Henry  
 \_\_\_\_\_  
 Typed or printed name of signer

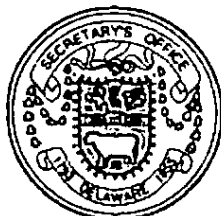
# Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HITS HOSPITALITY, 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 DECEMBER, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HITS HOSPITALITY, LLC" WAS FORMED ON THE TWENTY-FIRST DAY OF DECEMBER, A.D. 2020.



4516423 8300

SR# 20224204624

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 205040648

Date: 12-08-22