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W23-65318

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K. Brumbley



SUNSHINE STATE CORPORATE COMPLIANCE COMPANY

SUBJECT: HIGHDOWN LIMITED Ref. Number: W23000065318

CORRECTED
Please Allow For
Same File Date

Letter Number: 523A00010083

We have received your document for HIGHDOWN LIMITED. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

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

Ariel Jones Regularoty Specialist II

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312 (850) 656-4724

DATE <u>05/03/2023</u>		**WALK IN**
ENTITY NAME HIG	HDOWN LIMITED	
DOCUMENT NUMBI	ER	
	PLEASE FILE 1	THE ATTACHED AND RETURN
	Plain Copy	
xxxxxxxxxx	Certified Copy	
	Certificate of Status	
	PLEASE OBTAIN THE	FOLLOWING FOR THE ABOVE ENTITY
	Certified Copy of Arts	e & Amendments
	Certified Copy of Arts	s & Amendments Complete File (Inclading Annaal Reports)
	Certificate of Status	
	Certificate of Status A	Reflecting:
	APOSTILLE'/	NOTARIAL CERTIFICATION
COUNTRY OF DESTIN	NATION	
NUMBER OF CERTIFI	CATES REQUESTED	
TOTAL OWED \$ 78.	75	ACCOUNT # 120140000108 Littly United Corporate Services, Inc. any issues or concerns. Thank you so much!
Please call Tina at	t the above number for	any issues or concerns. Thank you so much!

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

(If name unavaila	ible in Florida, enter alternate con	porate name adopt	ted for the purpose of transactir	ng business in Florida	<u> </u>
Dolovioro					,
(State or country under the law of which it is incorporated)		(FEI number, if applicable)		_	
4. 01/11/2023		5.			
(Date of incorporation)			(Date of duration, if other than perpetual)		
6	<u> </u>			· <u>-</u> -	_
			rida, if prior to registration) E.S., to determine penalty liabil	ity)	
7 716 SF Wei	nona Ave, Ocala FL, 344		, ,	•	
,. <u></u>		Principal office st	reet address)		_
					_
	((Current mailing add	dress, if different)	20	
8 Name and stree	d address of Florida registered	auent: (P O Bo	v NOT acceptable)	2023 HAY -3	;
8. Name and street address of Florida registered agent: (P.O. Name: United Corporate Services, Inc.			x <u>1401</u> acceptable)	~	<u> </u>
Name:	Office Corporate Services	, mc.	-	ů.	
Office Address:	3458 Lakeshore Drive		-	P	
	Tallahassee		, Florida 32312 (Zip code)		
	(City)		(Zip code)	1	
	ed as registered agent and to application, I hereby accept t	he appointment all statutes relati	as registered agent and agr we to the proper and comple	ee to act in this cap	pacity. I
further agree to co	with and accept the obligation	ns of my position			

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

. . . A. DIRECTORS Name: Christopher Michael Furguiele Name: Daniel Salgado Pardo **X**Chairman ☐ Chairman □ Vice Chairman Address: 716 SE Wenona Ave. Ocala FL 34471 ☐ Vice Chairman Address: 716 SE Wenona Ave, Ocala FL, 34471 X Director **⊠** Director □President X President □Vice President ☐ Vice President XI Secretary □Treasurer □ Secretary □Treasurer □Other _____ □Other _____ □Other _____ Name: Scott M. Jenkins □ Chai**r**man Chairman Name: ☐ Vice Chairman Address; 716 SE Wenona Ave, Ocala FL, 34471 □Vice Chairman Address: _____ **X**Director □ Director □President □ President □Vice President □Vice President □Treasurer □Treasurer ☐ Secretary ☐ Secretary □Other _______ □Other Other____ Other ___ _ □ Chairman ☐ Chairman Name: Name: _____ □Vice Chairman Address: ______ ☐ Vice Chairman Address: Director □ Director □President □President □Vice President ____ ☐ Vice President ☐ Secretary ☐ Treasurer ☐ Secretary □Treasurer □Other _____ □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. Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that 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.

Daniel Salgado Pardo, Chief Executive Officer

13.



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

DELAWARE, DO HEREBY CERTIFY "HIGHDOWN LIMITED" IS DULY INCORPORATED

UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND

HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE SECOND DAY OF MAY, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HIGHDOWN LIMITED" WAS INCORPORATED ON THE ELEVENTH DAY OF JANUARY, A.D. 2023.

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

Authentication: 203261670

Date: 05-02-23