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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : NELSON MULLINS RILEY & SCARBOROUGH, MIAMI
Account Number : I20100000075
Phone : (305)373-9419
Fax Number : (305)373-9443

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

Email Address: humberto@thehighlightsapp.com

RECEIVED
SEP 27 PM 2:18
DIVISION OF CORPORATIONS
FLORIDA

FOREIGN PROFIT/NONPROFIT CORPORATION
Highlights Experience, Inc.

Certificate of Status	1
Certified Copy	1
Page Count	04
Estimated Charge	\$87.50

STATE
TALLAHASSEE, FL

2023 SEP 27 PM 2:01

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Highlights Experience, Inc.

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Franco Furmanski, Esq.

Name of Person

Nelson Mullins Riley & Scarborough LLP

Firm/Company

2 South Biscayne Boulevard, 21st Floor

Address

Miami, FL 33131

City/State and Zip code

humberto@thehighlightsapp.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Franco Furmanski, Esq.

at (305) 373-9400

Name of Person

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$70.00 Filing Fee

☐ \$78.75 Filing Fee &
Certificate of Status

☐ \$78.75 Filing Fee &
Certified Copy

☒ \$87.50 Filing Fee,
Certificate of Status &
Certified Copy

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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.

1. Highlights Experience, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. Delaware 3. 87-2327933
(State or country under the law of which it is incorporated) (FBI number, if applicable)
4. August 23, 2021 5.
(Date of incorporation) (Date of duration, if other than perpetual)
6. N/A
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 20900 NE 36th Ave., Suite 610, Aventura, FL 33180
(Principal office street address)

(Current mailing address, if different)

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

Name: Daniel Benchinol
Office Address: 20900 NE 36th Ave., Suite 610
Aventura, Florida 33180
(City) (Zip code)

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation 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.

DocuSigned by:
Daniel Benchinol
4F934F402F714B5
(Registered agent's signature)

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.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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Fax Audit No. H23000339691 3

A. DIRECTORS

☐ Chairman Name: Humberto Ciffoni
☐ Vice Chairman Address: 20900 NE 30th Ave., Suite 610
☒ Director Aventura, FL 33180
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Daniel Benchimol
☐ Vice Chairman Address: 20900 NE 30th Ave., Suite 610
☒ Director Aventura, FL 33180
☐ President _____
☐ Vice President _____
☒ Secretary ☐ Treasurer
☒ Other Chief Executive Officer ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ 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.

12. Humberto Ciffoni
 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.817.133, F.S.

13. Humberto Ciffoni, President
 (Typed or printed name and capacity of person signing application)

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Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HIGHLIGHTS EXPERIENCE, INC." 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 TWENTY-SIXTH DAY OF SEPTEMBER, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HIGHLIGHTS EXPERIENCE, INC." WAS INCORPORATED ON THE TWENTY-THIRD DAY OF AUGUST, A.D. 2021.

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




 Jeffrey W. Bullock, Secretary of State

6186012 8300

SR# 20233579095

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 204242237

Date: 09-26-23

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