## F24000003823

(Requestor's Name)
(Address)
(Address)
,
(City/State/Zip/Phone #)
(Only/State/Zip/Fillorie #)
PICK-UP WAIT MAIL
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## **COVER LETTER**

TO:	Programme Section  Division of Corporations					
SUBJ	ECT: Hightowe	r Gold, Inc.				
5050		Name of co	orporation -	must include suffix		
Dear S	ir or Madam:					
"Certi	nclosed "Application b ficate of Existence." or referenced foreign cor	r "Certificate of C	Good Standii	ng" and check are sub	et Business in Florida." mitted to register the	
Please	return all corresponde	ence concerning t	his matter to	the following:		
	Jimmy Dean F	larris				
		•	Name of Pe	rson		
	Hightower Go	ld. Inc.				
			Firm/Compa	iny		
	16192 Coastal	Highway				
	· · · · · ·		Address			
	Lewes, Delaw	are 19958				
	jimmy.harris@	Ci h6energy.com	ty/State and	Zip code		
	E	-mail address: (to	be used for	future annual report n	otification)	
For fu	rther information conc	erning this matte	r, please cal	l:		
Jimmy Dean Harris		at (	850	499-8958		
	Name of Person		Area Code	Daytime Telepl	hone 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		
Please	sed is a check for the fi make check payable to: 0.00 Filing Fee	ollowing amount FLORIDA DEPA \$78.75 Filing Fe Certificate of St	RTMENT O	OF STATE 578.75 Filing Fee & Certified Copy	X \$87.50 Filing Fee. Certificate of Status & Certified Copy	

## 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.

Hightower Gold Corporation			
(If name unavailable in Florida, enter alternate co			ng business in Florida)
Delaware (State or country under the law of which it is inc	39	9-3325508	
(State or country under the law of which it is inc	corporated)	(FEI number, if a	pplicable)
4 June 2024	5	Perpetual	
(Date of incorporation)		(Date of duration, if other	than perpetual)
		a. if prior to registration) to determine penalty liabil	lity)
8064 Sleepy Bay Blvd., Navarre FL 3256	66		
(Pri	incipal office street a	ddress)	
(	Current mailing addre	ess, if different)	
Name and street address of Florida registere	ed agent: (P.O. Box	NOT	₩ >>
ceptable)	ed agent: (P.O. Box	<u>NOT</u>	723
ceptable) ame: Jimmy Dean <u>Harris</u>	ed agent: (P.O. Box	<u>NOT</u>	789 JU
Name and street address of Florida registere receptable) ame: Jimmy Dean Harris ffice Address: 8064 Sleepy Bay Blvd.	ed agent: (P.O. Box	<u>NOT</u>	70% JUL 18
ceptable) ame: Jimmy Dean <u>Harris</u>	ed agent: (P.O. Box	NOT 32566	929, JUL 16 P
ceptable) ame: Jimmy Dean <u>Harris</u> ffice Address: 8064 Sleepy Bay Blvd.	ed agent: (P.O. Box		70% JUL 16 PH 2
cceptable) ame: Jimmy Dean <u>Harris</u> ffice Address: 8064 Sleepy Bay Blvd.  Navarre Florida	ed agent: (P.O. Box	32566	7891 JUL 16 FH 2: 2

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.

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to

## A. DIRECTORS

□Vice Chairman	Address: 8064 Sleepy Bay Blvd., Navarre FL 32566	□Vice Chairman	Addison						
CD:			Address:						
Director		□Director							
X President	Depo Martine Nyomora	□President							
□Vice President		□Vice President							
X Secretary	X Treasurer	☐ Secretary	☐Treasurer						
Other	□Other	Other	Other						
□Chairman	Name:	□ Chairman	Name:						
□Vice Chairman	Address:	□Vice Chairman	Address:						
Director		Director							
□President		□President							
□Vice President		□Vice President							
Secretary	□Treasurer	☐ Secretary	□Treasurer						
□Other	Other	□Other	Other						
□Chairman	Name:	□Chairman	Name:						
□Vice Chairman	Address:	□Vice Chairman	Address:						
□Director		□Director							
□President		□President							
□Vice President		□Vice President							
☐ Secretary	□Treasurer	☐ Secretary	☐Treasurer						
Other	□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 infex when filing your Florida Department of State Annual Report form.  12.  Signature of Director or Officer  Signature of Director or Officer									
she is aware that	ector signing this document (and who is listed in number false information submitted in a document to the Department of	11 above) affirms the nent of State constitute.	nat the facts stated herein are true and that he or ites a third degree felony as provided for in						



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

DELAWARE, DO HEREBY CERTIFY "HIGHTOWER GOLD, 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 FIFTH DAY OF JULY, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HIGHTOWER GOLD, INC." WAS INCORPORATED ON THE FOURTH DAY OF JUNE, A.D. 2024.

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



Jeffrey W. Bulleck, Secretary of State