M17000011007

(R	equestor's Name)	
(A	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(B	usiness Entity Name)	
(D	ocument Number)	
Certified Copies	Certificates of S	tatus
Special Instructions to	SFiling Officer:	91939
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Office Use Only



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FILED 17 DEC 29 PH 3: 09

S. WARREN DEC 2 9 2017



December 8, 2017

ROY OJINMAH 1126 CORAL CLUB DRIVE CORAL SPRINGS, FL 33071

SUBJECT: FIRST HYPER TECHNOLOGY LLC

Ref. Number: W17000097509

We have received your document for FIRST HYPER TECHNOLOGY LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to s.605.0902(1)(e), Florida Statutes, the document must contain the name, title or capacity and address of at least one person who has the authority to manage the foreign limited liability company.

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: 917A00024906

Stacey M Warren Regulatory Specialist II

www.sunbiz.org

COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT: Firs	t Hyper Name of 1	Technolo Limited Liability Compa	e g Y
The enclosed "Application by For	eign Limited Liability Comp	any for Authorization to	o Transact Business in Florida," Certificate of bility company to transact business in Florida.
Please return all correspondence c	oncerning this matter to the f	following:	
Ro	OJin Ma	me of Person	
First	HYPER T	echnolog m/Company	У
1126	coral cla	Address	<u>e</u>
cora	1 SPYINGS City/St	FL 3300 ate and Zip Code	71
		or future annual repor	t notification)
For further information concerning	g this matter, please call:		
Name o	y OTINMAh f Contact Person	at (<u>954</u>) <u>3</u> Area Code	Daytime Telephone Number
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314		Divi Regi Clift 2661	EFT ADDRESS: sion of Corporations stration Section on Building Executive Center Circle shassee, FL 32301
Enclosed is a check for the follow \$125.00 Filing Fee	ing amount: \$\Boxed{\Boxesia} \$130.00 \text{ Filing Fee & Certificate of Status}\$	□ \$155.00 Filing Fee Certified Copy	& \$\Bigsigmu \$160.00 Filing Fee, Certificate of Status & Certified Copy

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

IN COMPILANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TOTRANSACT BUSINESS IN THE STATE OF FLORIDA:

COMPANT TO THE SEAL DESIGNATION IN THE SEAL OF FROMES.
1. First Hyper Technology LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company;" "L.L.C.," or "LLC.")
(Name of Foreign Elmited Liability Company; must include "Limited Elability Company," "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.I. C," or "LI.C.")
2. Frankfort Kentucky 3. NA (Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)
4. (Date first transacted business in Florida, if prior to registration.) (See sections 605 0904 & 605 0905, F.S. to determine penalty liability.)
5. 4965 US HWY 42 6. 1126 COPAI CIUB (Mailing Address)
((-)
Louisville Kentucky FL 33071
40222
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
Name: Roy otinmah
Office Address: 1126 Coral Club Drive
Coral SPV ings Florida 33071
(City) (Zip code) 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.
(Registered agent's signature)
P. Th. same vist and old and o
8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Title or Capacity: Name and Address: Title or Capacity: Name and Address:
Manager ROY OTINMON
Club drive
coral springs FL 33071
(Use attachments if necessary)
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.
267
Surgature of an authorized person

Roy OT, nmah
Typed or printed name of signee

Commonwealth of Kentucky Alison Lundergan Grimes, Secretary of State

Alison Lundergan Grimes Secretary of State P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490 http://www.sos.ky.gov

Certificate of Existence

Authentication number: 195889

Visit https://app.sos.ky.gov/ftshow/certvalidate.aspx to authenticate this certificate.

I, Alison Lundergan Grimes, Secretary of State of the Commonwealth of Kentucky, do hereby certify that according to the records in the Office of the Secretary of State.

First Hyper Technology LLC

is a limited liability company duly organized and existing under KRS Chapter 14A and KRS Chapter 275, whose date of organization is September 6, 2017 and whose period of duration is perpetual.

I further certify that all fees and penalties owed to the Secretary of State have been paid; that articles of dissolution have not been filed; and that the most recent annual report required by KRS 14A.6-010 has been delivered to the Secretary of State.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Official Seal at Frankfort, Kentucky, this 14th day of November, 2017, in the 226th year of the Commonwealth.



Alison Lundergan Grimes

Secretary of State

Commonwealth of Kentucky

195889/0995999