M1800000 9478

(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



000319230890

10/16/18--01048--009 **125.00

CT 15 L...

SECRETARY OF LAIL STORY OF LAIL STORY OF LAIL STORY OF LESS OF

allin

1	ി	V	ER.	\mathbf{F}^{n}	LIF	R

		, CC	VER LETTER	*.	₩ ,	, -
TOTAL A District	ration Section				3	
	ration Section on of Corporation	ıs .				
	•					
	igh Achievers Ent					
-			Limited Liability	Company		
The enclosed "z Existence, and o	Application by For check are submitte	eign Limited Liability Con d to register the above refe	pany for Authoriz enced foreign lim	ation to Tr ited liabilit	ansact Busines y company to	ss in Florida," Certificat transact business in Flo
Please return al	l correspondence o	concerning this matter to the	following:			
	Samantha Neel					
		ì	lame of Person			
	Briskin, Cross	& Sanford, LLC				
		I	Firm/Company	-		
	1001 Cambridg	ge Square, Suite D				
			Address			
	Alpharetta, Geo	orgia 30009				
		City/	 State and Zip Code	 :		
	sneel@briskinlav	·	'			
		E-mail address: (to be us	v/ for future annua	l report no	tification)	
			id for ratare annua	птерогено	meanony	
For further info	rmation concernin	g this matter, please call:				
Samai	ntha Neel		770	410-15	555	
	Name o	of Contact Person	at () : Day	vtime Telepho	ne Number
MAII	JNG ADDRESS:			STREET	ΓADDRESS:	
	on of Corporations				of Corporatio	
	ration Section			Registrat	tion Section	
P.O. B	lox 6327			Clifton F		
Tallah	assee, FL 32314				ecutive Center see, FL 32301	
	neck for the follow					
■ \$12	5.00 Filing Fee	☐ \$130.00 Filing Fee & Certificate of Status	□ \$155,00 Fili Certified Copy			Filing Fee, Certificate 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:

name unavailable, enter alternate n	and adopted for the purpose of transacting business in Flori	da. The alternate name must include "Limited Liab	lity Company," "L.L.C," or "LLC
Nevada		3. 45-2862685	
(Jurisdiction under the law of w	nich foreign limited hability company is organized)	(FEI nursbe	r, if applicable)
	(Date first transacted business in Florida, if prior to re (See sections 605.0904 & 605.0905, F.S. to determin	gistration) e penalty liability)	
4994 Lower Roswell F	load	6. 4994 Lower Roswell Road	
(Street Aikkress of I	rincipal Office)	(Mailing Addre	:55)
Suite 11		Suite 11	
Marietta, Georgia 3000	<u> </u>	Marietta, Georgia 30068	
		and the second s	<u></u>
Name and street address	ss of Florida registered agent: (P.O. Box	NOT acceptable)	0
Name:	InCorp Services, Inc.		= =====================================
Office Address:	17888 67th Court North		-5
(Miles Midress.	Laushatahan	32/170	ص
	Loxahatchee (City)	, Florida 33470 (Zip code	
egistered agent's accep	· · · · · · · · · · · · · · · · · · ·		••
	s of my position as registered agent.	Desiree Young on behignance	
ad accept the obligation The name, title or capa	s of my position as registered agent. (Registered asserts a acity and address of the person(s) who has	Desiree Young on behignature) s/have authority to manage is/are:	alf_of InCorp Serv
The name, title or capa	of my position as registered agent. (Registered agent's a sacity and address of the person(s) who has Name and Address:	Desiree Young on beh	luties, and I am familie
ad accept the obligation The name, title or capa	acity and address of the person(s) who has Name and Address: David Alexander	Desiree Young on behignature) s/have authority to manage is/are:	alf_of InCorp Serv
The name, title or capa	of my position as registered agent. (Registered agent's a sacity and address of the person(s) who has Name and Address:	Desiree Young on behignature) s/have authority to manage is/are:	alf_of InCorp Serv
The name, title or capa	acity and address of the person(s) who has Name and Address: David Alexander 4994 Lower Rossett Rd.	Desiree Young on behignature) s/have authority to manage is/are:	alf_of InCorp Serv
The name, title or capa	acity and address of the person(s) who has Name and Address: David Alexander 4994 Lower Rossett Rd.	Desiree Young on behignature) s/have authority to manage is/are:	alf_of InCorp Serv
The name, title or capa	acity and address of the person(s) who has Name and Address: David Alexander 4994 Lower Rossett Rd.	Desiree Young on behignature) s/have authority to manage is/are:	alf_of InCorp Serv
The name, title or capa	neity and address of the person(s) who has Name and Address: David Alexander 4994 Lower Rosenett Rd. Marietta, GA 30368	Desiree Young on behignature) s/have authority to manage is/are:	alf_of InCorp Serv
The name, title or caparity: CEO Use attachments if neces	ncity and address of the person(s) who has Name and Address: David Alexander 4994 Lower Rossiell Rd. Marietta, GA 30368	Desiree Young on behignature) s/have authority to manage is/are: Title or Capacity:	Name and Address:
The name, title or capa Title or Capacity: CEO Use attachments if necess Attached is a certificate risdiction under the law	s of my position as registered agent. (degistered agent a said address of the person(s) who has a Name and Address: David Alexander 4994 Lower Rossgett Rd. Marietta, GA 30368 sary) of existence, no more than 90 days old, coof which it is organized. (If the certificate	Desiree Young on beh ignature) s/have authority to manage is/are: Title or Capacity: duly authenticated by the official ha	Name and Address:
The name, title or caparity: CEO Use attachments if necess Attached is a certificate	s of my position as registered agent. (degistered agent a said address of the person(s) who has a Name and Address: David Alexander 4994 Lower Rossgett Rd. Marietta, GA 30368 sary) of existence, no more than 90 days old, coof which it is organized. (If the certificate	Desiree Young on beh ignature) s/have authority to manage is/are: Title or Capacity: duly authenticated by the official ha	Name and Address:
The name, title or caparative or Capacity: CEO Use attachments if necess of the capacity of	s of my trestmen as registered agent. (tegistered agent agent) (tegistered agent agent) Name and Address: David Alexander 4994 Lower Rossgett Rd. Marietta, GA 30063 sary) of existence, no more than 90 days old, of which it is organized. (If the certificate abmitted) uted in accordance with section 605.0203	Desiree Young on behignature) s/have authority to manage is/are: Title or Capacity: duly authenticated by the official hat is in a foreign language, a translation (1) (b), Florida Statutes, I am awar	Name and Address: ving custody of records on of the certificate under that any false information.
The name, title or caparative or Capacity: CEO Use attachments if necess of the capacity of	s of my position as registered agent. (degistered agent a said address of the person(s) who has a Name and Address: David Alexander 4994 Lower Rossgett Rd. Marietta, GA 30368 sary) of existence, no more than 90 days old, coof which it is organized. (If the certificate	Desiree Young on behignature) s/have authority to manage is/are: Title or Capacity: duly authenticated by the official hat is in a foreign language, a translation (1) (b), Florida Statutes, I am awar	Name and Address: ving custody of records on of the certificate under that any false information.
The name, title or caparative or Capacity: CEO Use attachments if necess of the capacity of	s of my trestmen as registered agent. (tegistered agent agent) (tegistered agent agent) Name and Address: David Alexander 4994 Lower Rossgett Rd. Marietta, GA 30063 sary) of existence, no more than 90 days old, of which it is organized. (If the certificate abmitted) uted in accordance with section 605.0203	Desiree Young on behignature) s/have authority to manage is/are: Title or Capacity: duly authenticated by the official hat is in a foreign language, a translation (1) (b), Florida Statutes, I am awar	Name and Address: ving custody of records on of the certificate under that any false information.
The name, title or caparative or Capacity: CEO Use attachments if necess of the capacity of	s of my trestion as registered agent. (tegistered agent agent) (tegistered agent agent) Name and Address: David Alexander 4994 Lower Rossgett Rd. Marietta, GA 30068 sary) of existence, no more than 90 days old, of which it is organized. (If the certificate abmitted) uted in accordance with section 605.0203 of the Department of State constitutes a thi	Desiree Young on behignature) s/have authority to manage is/are: Title or Capacity: duly authenticated by the official hat is in a foreign language, a translation (1) (b), Florida Statutes, I am awar	Name and Address: ving custody of records on of the certificate under that any false information.
The name, title or caparative or Capacity: CEO Use attachments if necess of the capacity of	s of my position as registered agent. (Gegistered agent a section of the person(s) who has a Name and Address: David Alexander 4994 Lower Rossiett Rd. Marietta, GA 303 68 sary) of existence, no more than 90 days old, of which it is organized. (If the certificate abmitted) uted in accordance with section 605.0203 of the Department of State constitutes a thi	Desiree Young on behignature) s/have authority to manage is/are: Title or Capacity: duly authenticated by the official hat is in a foreign language, a translation of the company of th	Name and Address: ving custody of records on of the certificate under that any false information.
The name, title or caparity: Title or Capacity: CEO Dise attachments if necess Attached is a certificate is diction under the law the translator must be such that the document is executed in the second control of the	s of my tresting as registered agent. (thegistered agent agent) (thegistered agent agent) Name and Address: David Alexander 4994 Lower Rossiett Rd. Marietta, GA 30068 sary) of existence, no more than 90 days old, of which it is organized. (If the certificate abmitted) uted in accordance with section 605.0203 of the Department of State constitutes a thi	Desiree Young on behignature) s/have authority to manage is/are: Title or Capacity: duly authenticated by the official hat is in a foreign language, a translation of the company of th	Name and Address: Ving custody of records on of the certificate under that any false information.

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, Barbara K. Cegavske, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **HIGH ACHIEVERS ENTERPRISES LLC**, as a limited liability company duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since July 28, 2011, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on September 19, 2018.

Ballara K. Cegarste

Barbara K. Cegavske Secretary of State

Electronic Certificate Certificate Number: C20180919-0506