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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HLT, LLC
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

ENEIDA LIZET MORENO
Name of Person

HLT, LLC
Firm/Company

501 NE 3RD STREET #106
Address

HALLANDALE BEACH, FL 33009
City/State and Zip Code

ONYXLIMO@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ENEIDA LIZET MORENO at (571) 265 2791
Name of Contact Person Area Code Daytime Telephone Number

Mailing Address:

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

Street Address:

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

Enclosed is a check for the following amount:

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

☐ \$125.00 Filing Fee ☒ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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

IN COMPLIANCE WITH SECTION 605.002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. HLT, LLC
(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LLC.")

ONYX LIMO 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.L.C.," or "LLC.")

2. VIRGINIA
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 46 4109776
(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. 501 NE 3rd STREET #106
(Street Address of Principal Office)

6. 501 NE 3rd STREET #106
(Mailing Address)

Hallandale Beach, FL 33009

Hallandale Beach, FL 33009

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

Name: ENEIDA LIZET MORENO

Office Address: 501 NE 3rd STREET #106

Hallandale Beach
(City)

Florida 3300
(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.

Ezet Moreno
(Registered agent's signature)

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CLERK OF STATE
TALLAHASSEE, FLORIDA

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: <u>ENEIDA LIZET MORENO</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>501 NE 3rd ST #106</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>Hallandale Beach FL 33009</u>	<input type="checkbox"/> Authorized	_____
Person _____		Person _____	
<input checked="" type="checkbox"/> Other <u>President</u>	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

<input checked="" type="checkbox"/> Manager	Name: <u>JAIRO ACOSTA GOMEZ</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>501 NE 3rd ST #106</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>Hallandale Beach, FL 33009</u>	<input type="checkbox"/> Authorized	_____
Person _____		Person _____	
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person _____		Person _____	
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> 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.

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.

Eneida Lizet Moreno H
Signature of an authorized person

ENEIDA LIZET MORENO
Typed or printed name of signer

Hi, Eneida Lizet
Moreno

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Entity Information

Entity Information

Entity Name:	HLT, LLC	Entity ID:	S4796357
Entity Type:	Limited Liability Company	Entity Status:	Active
Formation Date:	11/14/2013	Reason for Active Status:	
VA Qualification Date:	11/14/2013	Status Date:	12/20/2019
Industry Code:	0 - General	Period of Duration:	Perpetual
Jurisdiction:	VA	Annual Report Due Date:	N/A
Registration Fee Due Date:	Not Required	Charter Fee:	N/A

Registered Agent Information

RA Type:	Individual	Locality:	FAIRFAX COUNTY
RA Qualification:	Member or Manager of the Limited Liability Company		
Name:	LIZET MORENO	Registered Office Address:	1725 GOSNELL ROAD, STE. 301, VIENNA, VA, 22182 - 0000, USA

Principal Office Address

Address: 501 NE 3rd St Apt 106,
Hallandale Beach, FL,
33009 - 3452, USA

Principal Information

Management Structure: N/A

[Filing History](#) [RA History](#) [Name History](#) [Previous Registrations](#)

[Garnishment Designees](#) [Image Request](#)

Commonwealth of Virginia



State Corporation Commission

CERTIFICATE OF FACT

I Certify the Following from the Records of the Commission:

That HLT, LLC is duly organized as a Limited Liability Company under the law of the Commonwealth of Virginia;

That the Limited Liability Company was formed on November 14, 2013; and

That the Limited Liability Company is in existence in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.



Signed and Sealed at Richmond on this Date:

July 1, 2021

A handwritten signature in black ink, appearing to read "Bernard J. Logan".

Bernard J. Logan, Clerk of the Commission