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S. HAWKES

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(Business Entity Name)

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Certificates of Status

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Certified Copies _____

Special Instructions to Filing Officer:

Incorporating Services, Ltd.

1540 Glenway Drive Tallahassee, FL 32301 850.656.7956 Fax: 850.656.7953 www.incserv.com e-mail: accounting@incserv.com

ORDER FORM

incserv

TO Florida Department of State The Centre of Tallahassee 2415 North Monroe Street, Suite 810 Tallahassee, FL 32303 corphelp@dos.myflorida.com 850-245-6051

Melissa Moreau mmoreau@incserv.com 850.656.7953

REQUEST DATE 4/21/2022

PRIORITY Regular Approval

OUR REF # (Order ID#) 1030922

ORDER ENTITY HIGHPOST CAPITAL, LLC

PLEASE PERFORM THE FOLLOWING SERVICES:

HIGHPOST CAPITAL, LLC (FL)

File the attached foreign qualification document and provide a certified copy.

NOTES:

\$155.00 Authorized

Email address for annual report reminders: Kathleen@delaneycorporate.com

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I2005000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

FROM

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:

I. _____

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

.

Delaware		3.	84-2184172		
(Jurisdiction under the law of which foreign limited liability company is organized)		J	(FEI number, if applicable)		
	(Date line transacted business in Florida, if provide	registration	·····	-	
	(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determ			_	
75 Rockefeller Plaza, Suite 1600B		6.	5 Rockefeller Plaza, Suite 1600B		
root Address of Principal Office)			(Mailing Address)		
New York, NY 10019		N	lew York, NY 10019		
		_		·	
Name and street addres	s of Florida registered agent: (P.O. Bo)	(<u>NOT</u> ac	ceptable)	7. Cill	
Name and <u>street addres</u> Name:	s of Florida registered agent: (P.O. Bo) NRAI Services, Inc.	(<u>NOT</u> ac	ceptable)	12% /2 ¹⁰	
	·	K <u>NOT</u> ac	ceptable) 		
Name:	NRAI Services, Inc. 1200 Sputh Pine Island Road	K <u>NOT</u> ac	ceptable) , Florida	This was a straight of the second sec	

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. A

t

(Registered agent's signature)

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]:

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:		
Manager	Name:	Manager	Name:		
Member	Member Address: Esperante Corporate Center		Address:		
Authorized	222 Lakeview Ave.	Authorized	222 Lakeview Ave.		
Person	West Palm Beach, FL 33401	Person	West Palm Beach, FL 33401		
Other	Other	Other			
Manager .	David Gubbay	Manager	Gary Bialik		
Member	Address:	Member	Address:		
	222 Lakeview Ave.	Authorized	Suite 1600B		
Person	West Palm Beach, FL 33401	Person	New York, NY 10019		
Dother	Other	CFO			
Manager	Name:	Manager	Name:		
Member	Address:	Member	Address:		
Authorized	<u> </u>	Authorized	<u> </u>		
Person	<u></u>	Person			
Other	Other	Other	Other		

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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.

Della
Signifiant of an authorized porson
/

Typed or printed name of signer

David Gubbay

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HIGHPOST CAPITAL, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIRST DAY OF APRIL, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HIGHPOST CAPITAL, LLC" WAS FORMED ON THE EIGHTEENTH DAY OF JUNE, A.D. 2019.

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



Authentication: 203071445 Date: 04-01-22

7473227 8300

SR# 20221270311 You may verify this certificate online at corp.delaware.gov/authver.shtml Page 1