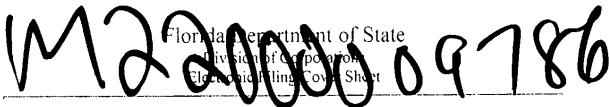
Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H220002160143)))



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To:		
	Division of Corporations Fax Number : (850)617-6383	2
	tax hambel . (005) 517 0505	
From:	Account Name : C T CORPORATION SYSTEM	
	Account Number: FCA900000023	ŗ
	Phone : (954)208-0845	
	Fax Number : (614)573-3996	,

Foreign Limited Liability Company Highline Partnerships LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
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Help

S. FRANKLIN

JUN 2 3 2022

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

IN COMPLIANCE WITH SECTION 605.0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANYTOTRANSACT BUSINESS IN THE STATE OF FLORIDA:

name unavailable, enter alternate na	ine adopted for the purpose of frunsacting binsiness in Fic	rida. The alternate name must include "Limited Ear	ability Company," "L.L.C," or "Lt
Delaware	ich toccipii limited liability company is organized!	3. (FLI number	- Pontable
(Jurisdiction under the lass of whi	ich foreign fimilied liability company is organized)	rr t, r numbe	т, п арушение)
7/1/2022			20
	(Date liest transacted business in Florida, if prior to a (See sections 605 6901 & 605 0905, U.S. to determin	rgistration) ic penalty hubility)	72 j
1404 Arundel Way		1404 Arundel Way	2022 5 11 22
ect Address of Principal Office)		(Mailing Address)	2
Melboume, FL, 32940		Melbourne, FL, 32940	P
			ر <i>ے</i> رنے
			<u></u>
		NAME - 11.3	
Name and street address	s of Florida registered agent: (P.O. Box	NOT acceptable)	
	C T Corporation System		
Name:			
Office Address	1200 South Pine Island Road		
Office Address:			
	Plantation	33324	

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.

By: Rachel O'Connor, Assistant Secretary
(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: Cory Alexander	■ Manager	Name: Christopher Alexander
□Member	Address:	□ Member	Address: 330 Golf Brook CR unit 208
□Authorized	Melbourne, FL, 32940	□ Authorized	Longwood, FL, 32779
Person		Person	
□Other		Other	Other
		— N (1111 1111 1111 1111 1111 1111 1111	Nima
∐Manager	Name:	☐ Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		☐ Authorized	
Person		Person	
□Other		Other	
			1.122
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address: N
□Authorized		☐ Authorized	23
Person		Person	
□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 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.

Cory Alexander		
	Signature of an authorized person	
Cory Alexander		

Delaware The First State

Page 1

From: Keity Toon

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

DELAWARE, DO HEREBY CERTIFY "HIGHLINE PARTNERSHIPS 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 FIFTEENTH DAY OF JUNE, A.D. 2022.

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

2027 JY122 PH 2: 4:



Authentication: 203687667

Date: 06-15-22

7711262 8300 SR# 20222734594

You may verify this certificate online at corp.delaware.gov/authver.shtml