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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Elevate Ventures Group, 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:

Eric M. Lemmer, Esq.

Name of Person

Arlington Law Group

Firm/Company

1739 Clarendon Boulevard

Address

Arlington, Virginia 22209

City/State and Zip Code

lydia@logancirclegroup.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Eric M. Lemmer, Esq.

Name of Contact Person

at (703)

Area Code

842-3025 x41

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

Elevate Ventures Group, LLC

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

Elevate Ventures Holdings, 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.")

Delaware

N/A

2. _____ 3. _____
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

N/A

4. _____
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

155 Honeysuckle Drive

155 Honeysuckle Drive

5. _____ 6. _____
(Street Address of Principal Office) (Mailing Address)

Jupiter, Florida 33458

Jupiter, Florida 33458

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

Registered Agent Solutions, Inc.

Name: _____

155 Office Plaza Drive, Suite A

Office Address: _____

Tallahassee

32301

_____, Florida _____
(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.

DocuSigned by:

Adam Saldana

00210C884JAE417Z
(Registered agent's signature)

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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> |
|---|---------------------------------|
| <input checked="" type="checkbox"/> Manager | Name: Harlan Hill |
| | 155 Honeysuckle Drive |
| <input checked="" type="checkbox"/> Member | Address: Jupiter, Florida 33458 |
| <input type="checkbox"/> Authorized | |
| Person | |
| <input type="checkbox"/> Other | <input type="checkbox"/> Other |

| | |
|--|--------------------------------|
| <input type="checkbox"/> Manager | Name: Allan Betz |
| | 860 Parkway Boulevard |
| <input checked="" type="checkbox"/> Member | Address: Alliance, Ohio 44601 |
| <input type="checkbox"/> Authorized | |
| Person | |
| <input type="checkbox"/> Other | <input type="checkbox"/> Other |

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

| <u>Title or Capacity:</u> | <u>Name and Address:</u> |
|-------------------------------------|--------------------------------|
| <input type="checkbox"/> Manager | Name: |
| <input type="checkbox"/> Member | Address: |
| <input type="checkbox"/> Authorized | |
| Person | |
| <input type="checkbox"/> Other | <input type="checkbox"/> Other |

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

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

DocuSigned by:
Harlan Hill
3B48630EB068477

Signature of an authorized person

Harlan Hill, Manager

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ELEVATE VENTURES GROUP, 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 FEBRUARY, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ELEVATE VENTURES GROUP, LLC" WAS FORMED ON THE TWENTY-SECOND DAY OF MARCH, A.D. 2022.

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




Jeffrey W. Bullock, Secretary of State

6689814 8300

SR# 20230523997

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

Authentication: 202716672

Date: 02-15-23