## M24000000284

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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Special Instructions to Filing Officer:				
W23000152 430				



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## COVER LETTER

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TO:

Registration Section

Hi Tequity LLC  JECT:	
Nan	ne of Limited Liability Company
enclosed "Application by Foreign Limited Liability tence, and check are submitted to register the above	Company for Authorization to Transact Business in Florida," Certific referenced foreign limited liability company to transact business in
se return all correspondence concerning this matter	to the following:
Steven Friedman	
	Name of Person
HITEGUTY L	LC.
1	Firm/Company
6309 South Hwy AIA, St 351	
	Address
Melbourne Beach, FL 32951	
	City/State and Zip Code
sfriedman@hitequity.com	
E-mail address: (to b	e used for future annual report notification)
further information concerning this matter, please ca	all:
Steven Friedman	at () 994-2545  Area Code Daytime Telephone Number
Name of Contact Person	Area Code Daytime Telephone Number
Mailing Address: Registration Section	Street Address: Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327 The Centre of Tallahassee	
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the following amount:	
Please make check payable to: FLORIDA DEI	
■ \$125.00 Filing Fee □ \$130.00 Filing Fe	

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

IN COMPILANCE WITH SECTION 605,0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Hi Tequity LLC	Limited Liability Company; must include "Limited	Lishiling Command Will L.C.	" "I 1 Z' ")		
Hi Tequity of Florida	Emined Entrace Company, must member Emined	. Liability Company. — L.L.C.	or LLC }		
(If name unavailable, enter alternate	name adopted for the purpose of transacting business in FIG	inda. The alternate name must inclu	ude "Limited Liability Company."	"L.L, C," or "L	.LC.")
Delaware 2. Uurisdiction under the law of w	hich foreign limited liability company is organized)	93-3250382 3	(FEI number, if applicable)		
November 1, 2023			ты польку, п аудиканку		
	(Date first transacted business in Florida, if prior to r (See sections 605 0904 & 605 0905, F.S. to determin	egistration ) ne penalty liability)			
6309 South Hwy AIA, 5. (Street Address of Principal Office)	St 351	Same 6			
Melbourne Beach, FL		(Mailing Address	.1		
			<b>(D</b> _ :2	202	
7. Name and street addres	ss of Florida registered agent: (P.O. Box	NOT acceptable)	; ; ;	1 – AGN (202	EMPTERS STATE ASS STATE AS STATE ASS STATE AS STATE ASS STATE AS STATE AS STATE AS STATE AS STATE AS
Name:	Steven Friedman			PH C	
Office Address:	Melbourne Beach, FI. 32951		7 17 17 17 17 17	3: 24	
	Melbourne Beach	3 Florida	2951		
	(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 ogent.

- / // ax

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: Steven Friedman	□Manager	Name:
□Member	Address: 6309 South Hwy AIA, St 351	■Member	Address: 2023 Southwest Veiw St
□Authorized	Melbourne Beach, FL 32961	□Authorized	Bridgewater, VA 22812
Person		Person	
Other	□Other	□Other	□Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
□Other	□Other	□Other	□Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
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 elony as provided for in s.817.155, F.S.

Signature of an authorized person

Steven Friedman

LOUDE FRIT DMAN



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

DELAWARE, DO HEREBY CERTIFY THAT "HI TEQUITY LLC" IS DULY FORMED

UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND

HAS A LEGAL EXISTENCE NOT HAVING BEEN CANCELLED OR REVOKED SO FAR

AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO

TRANSACT BUSINESS.

THE FOLLOWING DOCUMENTS HAVE BEEN FILED:

CERTIFICATE OF FORMATION, FILED THE TWENTY-EIGHTH DAY OF AUGUST, A.D. 2023, AT 5:28 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID

CERTIFICATE IS THE ONLY PAPER OF RECORD, THE LIMITED LIABILITY

COMPANY IN QUESTION NOT HAVING FILED AN AMENDMENT NOR HAVING

MADE ANY CHANGE WHATSOEVER IN THE ORIGINAL CERTIFICATE AS FILED.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HI TEQUITY LLC" WAS FORMED ON THE TWENTY-EIGHTH DAY OF AUGUST, A.D. 2023.

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

7644307 8315 SR# 20234045215

SR# 20234045215
You may verify this certificate online at corp.delaware.gov/authver.shtml

James W. Buttoch, Secretary of State

Authentication: 204657946

Date: 11-22-23