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

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TOTALIAN 25 PM 2: 40

COVER LETTER

то:	Registration Sectorial Division of Corp.						
CHD II	Righteous	High LLC					
SUBJECT: Name of Limited Liability Company							
The en Exister	closed "Application ice, and check are si	by Foreign Limited Liability (abmitted to register the above a	Company for Authorization to Transact Business in Florida," Certificate of referenced foreign limited liability company to transact business in Florida.				
Please	return all correspon	dence concerning this matter to	o the following:				
	Alonzo	H Mourning III					
	• • • •		Name of Person				
	Righte	eous High LLC					
			Firm/Company				
	3050	3050 SW 37th Avenue, Unit 2408					
	Address						
	Miam	i, FL 33133					
	City/State and Zip Code						
	hello@	coachcomma.com					
		E-mail address: (to be	used for future annual report notification)				
For fur	ther information cor	ncerning this matter, please cal	II:				
	Alonzo Mourning		305 978-5252 at ()				
	1	Name of Contact Person	at () Area Code Daytime Telephone Number				
	Mailing Address:		Street Address:				
	Registration Section Division of Corporations P.O. Box 6327		Registration Section				
			Division of Corporations				
	Tallahassee, FI		The Centre of Tallahassee				
	гананазусс, г	- 141 (7)	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

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:

(Name of Foreign L	imited Liability Company; must include "Limited	l Liability	Company," "L.L.C.," or "LLC."))		
f name unavailable, enter alternate na	me adopted for the purpose of transacting business in Flo	orida The a	alternate name must include "Limited I	Liability Company,	r.r.c	," or "LLG
Delaware		7	86-2552451			
(Jurisdiction under the law of which foreign limited liability company is organized)		٤.	(FEI number, if applicable)			
·	(Date first transacted business in Florida, if prior to i (See sections 605.0904 & 605.0905, F.S. to determi	egistration.)			
		ne penalty l	iability)			
	3050 SW 37th Ave, #2408					
treet Address of Principal Office)		0	(Mailing Address)			
Miami, FL 33133			Miami, FI. 33133			
		~		<u> </u>	2024	, p,
Name and street address	of Florida registered agent: (P.O. Box	NOT a	cceptable)	25 25 25 25 25 25 25 25 25 25 25 25 25 2	JAN 25 P	1,24 cas
Name:	Alonzo H Mourning III			. (주) 201 22	PH 2: 40	
Office Address:	3050 SW 37th Ave, Unit 2408			1	Ö	
	Miami		33133 Florida			

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.

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: AlonO H Mourning III	□Manager	Name:		
■Member	Address:3050 SW 37th Ave	□Member	Address:		
□Authorized	Unit 2408	□Authorized			
Person	Miami, FL 33133	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		□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.

College Miles III
Signature of an authorized person

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY THAT "RIGHTEOUS HIGH 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 EIGHTH DAY OF MARCH, A.D. 2021, AT 11:54 O'CLOCK A.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 "RIGHTEOUS HIGH LLC" WAS FORMED ON THE EIGHTH DAY OF MARCH, A.D. 2021.

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



Authentication: 202559882

Date: 01-09-24

5418118 8315 SR# 20240073618