)/80009/13/

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	(dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

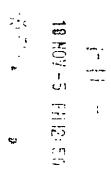
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The Law Offices Of George D. Perlman, P.A.

George D. Perlman Sy, FL Brett Bernstein, Associate Sy, FL Jennifer Haime, Associate DC, FL Benjamin Miller, Associate FL

The Four Seasons Office Tower 1441 Brickell Avenue Suite 1400 Miami, Florida 33131 Tel.: (305) 374-5646 Fax: (305) 374-2650

 .33131
 London W1J OLP, England

 4-5646
 Tel. 011 44 207 851 0100

 4-2650
 Fax 011 44 207 851 0136

Of Counsel to Robert Allen Law E-Mail: george@gplawiml.com

October 22, 2018

<u>Sent via FedEx</u>: 7735 3431 8810 Florida Department of State Division of Corporations Clifton Building

2661 Executive Center Cir. Tallahassee, FL 32301

18 1011 - 3 PH 12: 50

Representative Office

4th Floor, 35 Piccadilly

Re: Certificate of Domestication for High Mountain Associates Inc.

File: 100187.001

Dear Sir/Madam,

Enclosed please find the Certificate of Domestication for High Mountain associates.

Should you have any questions or concerns regarding the above, please do not hesitate to contact me directly at ben@gplawintl.com or (305) 374-5646.

Kindest regards.

Benjamin Miller

Encl GP:jc

COVER LETTER

Department of State
Division of Corporations
Clifton Building
2661 Executive Center Cir.
Tallahassee, FL 32301

SUBJECT:	JBJECT: Domestication of High Mountain Associates, Inc.		
Enclosed is an	original and one (1) copy (of the Certificate of Domestication	and a check for:
FEES:			
Certific	ate of Domestication	\$ 50.00	
Articles	of Incorporation and Cert		
	domesticate and file	\$128.75	<u></u>
OPTIONAL:			
<u>OTTIONIE</u>			* 1
Centific	ate of Status	\$ 8.75	
		Benjamin Miller	
	N	ame (printed or typed)	
	1441	Brickell Avenue, Suite 1400	•
		Address	
		Miami, FL 33131	
		City, State & Zip	
		1	
		(786) 530-9907	
	Day	time Telephone Number	
		ben@gplawintl.com	
	E-mail address: (to be	used for future annual report notif	ication)

CERTIFICATE OF DOMESTICATION

The	undersigned,	Toby Warticovschi Mekler,	Director	;
1110	undersigned,	(Name)	(Title)	
of_		High Mountain Associates, Inc. (Corporation Name)	a foreig	gn corporation,
in a	ccordance with s.	607.1801. Florida Statutes, does hereby co	ertify:	
1.	The date on whic	h corporation was first formed was	November 28	<u>, 2016</u> .
2.		where the above named corporation was fi		
	came into being	was Bahamas		·
3.	The name of the	corporation immediately prior to the filing	of this Certificate of D	Oomestication
	wasF	High Mountain Associates, Inc.		·
4.	The name of the	corporation, as set forth in its articles of ir	corporation, to be filed	pursuant to
	s. 607.0202 and 6	607.0401 with this certificate is High	Mountain Associates,	Inc.
5.	administration of	that constituted the seat, siege social, or profit the corporation, or any other equivalent judges the filing of the Certificate of Domesties	urisdiction under appli	ss or central cable law,
6.	Attached are Flo to's. 607.1801.	rida articles of incorporation to complete	the domestication requi	irements pursuant
l ar	m <u>Director</u>	, of High Mountain Ass	ociates, Inc.	
		o sign this Certificate of Domestication or		
anc	a am admorized o	o sign this certificate of 20 meters		তৌ৪ই
so	this the 22 da	yof October		
			-	ė.
		Manager	e)	下 二:
			-,	Fri 12: 5
		\bigvee		े । - ह
		Filing Fee:		
		Certificate of Domestication	\$ 50.00	
		Articles of Incorporation and Certified	Copy <u>\$ 78.75</u> \$128:75	
		Total to domesticate and file	\$120.75	

ARTICLES OF INCORPORATION
IN COMPLIANCE WITH CHAPTER 607, F.S.

THE NAME OF THE CORPORATION SHALL BE:		
High Mountain Ass	ociates, Inc.	
ARTICLE II PRINCIPAL OFFICE THE PRINCIPAL PLACE OF BUSINESS/ MAILING ADDRESS IS: Principal Address	Mailing Address	
1441 Brickell Avenue, Suite 1400	1441 Brickell Avenue, Suite 1400	
Miami, FL 33131	Miami, FL 33131	
ARTICLE III PURPOSE THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED Any and all lawful business.):	13 10
Any and an lawful outsiness.		·
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S AND/ OR OFFICERS	
FIC TITLES:	
Title/Name	
Director	
Title/Name	
	· · · · ·
Title/Name	で (年) (5) (5)
Title/Name	
	Title/Name Title/Name

2 1

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

THE NAME AND FLORIDA STREET ADDRESS (P.O. BOX NOT ACCEPTABLE) OF THE REGISTERED AGENT IS:

George D. Periman	
1441 Brickell Avenue, Suite 1400	2000 100 100 100 100 100 100 100 100 100
Miami, FL 33131	· · · · · · · · · · · · · · · · · · ·
ARTICLE VII INCORPORATOR	PA 12: 5
THE NAME AND ADDRESS OF THE INCORPORATOR IS:	
Toby Warticovschi Mekler	4 0
1441 Brickell Avenue, Suite 1400	
Miami, F1, 33131	
HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT	**************************************
STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CE	
ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGRES	
Signature/Registered Agent	Date
	10/22/18
Signature/1505755544/1/	Date