

F22000001262

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

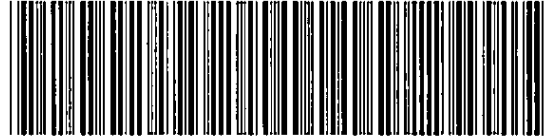
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W22-25487

Office Use Only



000381356460

RECEIVED
FEB 25 PM 1:42
STATE
TALLAHASSEE, FLOR.

RECEIVED
2022 FEB 25 AM 11:11
OFFICE OF THE
TALLAHASSEE, FLOR.

S. HAWKES
FEB - 2021



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 28, 2022

CT

CORRECTED
Please Allow For
Same File Date

SUBJECT: SEVEN JAVA VENTURE INC.
Ref. Number: W22000025487

We have received your document for SEVEN JAVA VENTURE INC. . However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document must contain both the street address of the principal office and the mailing address of the entity.

You must list the names and street addresses of the officers and directors of the corporation on the form/application.

Need the city and state and zip code in the Principal and Officers address.,

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Suzanne Hawkes
Regulatory II

Letter Number: 222A00004811

REC'D
2022 MAR -2 PM 3:36
TALLAHASSEE, FL

CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312
850-656-4724

Date: 02/25/2022

Acc#120160000072

en: c DW

Name:	7VENTURE INC.
Document #:	
Order #:	14167233

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
Certified Copy of	<input type="checkbox"/>		
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
		Number of Certs:	

Filing: <input checked="" type="checkbox"/>	Certified: <input type="checkbox"/>
	Plain: <input checked="" type="checkbox"/>
	COGS: <input type="checkbox"/>

Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ 70.00

Thank you!

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. 7 VENTURE INC.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

SEVEN JAVA VENTURE Inc.

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Delaware 3. 87-2424178
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 08/26/2021 5. Perpetual
(Date of incorporation) (Date of duration, if other than perpetual)

6. Upon qualification
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 688 East Millsap Road, Suite 200 Fayetteville AR 72703
(Principal office street address)

688 East Millsap Road, Suite 200 Fayetteville AR 72703
(Current mailing address, if different)

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

Name: C T Corporation System
Office Address: 1200 South Pine Island Road
Plantation FL 33324
(City) (Zip code)

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation 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.

C T Corporation System

By: Tracy Kellner Tracy Kellner, Assistant Secretary
(Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS

☐ Chairman Name: V. Samuel Fiori
☐ Vice Chairman Address: 688 East Millsap Road, Suite 200
☒ Director Fayetteville, AR 72703
☐ President _____
☐ Vice President _____
☒ Secretary ☐ Treasurer
☐ Other CEO ☐ Other _____

☐ Chairman Name: Adnan Azam
☐ Vice Chairman Address: 688 East Millsap Road, Suite 200
Fayetteville AR 72703
☒ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Kelly Thomson
☐ Vice Chairman Address: 688 East Millsap Road, Suite 200
Fayetteville, AR 72703
☒ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Antoinette Reagan
☐ Vice Chairman Address: 688 East Millsap Road, Suite 200
Fayetteville, AR 72703
☒ Director _____
☒ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☒ Other COO ☐ Other _____

☐ Chairman Name: Jon Dyer
☐ Vice Chairman Address: 688 East Millsap Road, Suite 200
Fayetteville AR 72703
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☒ Treasurer
☒ Other CFO ☐ Other _____

☐ Chairman Name: Fatima Al Noaimi
☐ Vice Chairman Address: 688 East Millsap Road, Suite 200
Fayetteville, AR 72703
☒ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ 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.

12. Antoinette Reagan
 Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that 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.

13. Antoinette Reagan, President
 (Typed or printed name and capacity of person signing application)

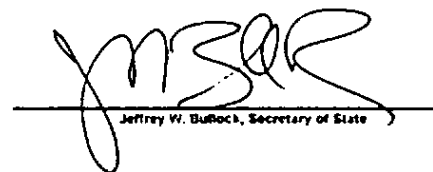
Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "7VENTURE INC." IS DULY INCORPORATED
UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND
HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS
OFFICE SHOW, AS OF THE NINTH DAY OF FEBRUARY, A.D. 2022.

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



Jeffrey W. Bullock, Secretary of State

6197963 8300

SR# 20220428857

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

Authentication: 202612504

Date: 02-09-22