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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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PICK-UP

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MAIL

(Business Entity Name)

(Document Number)

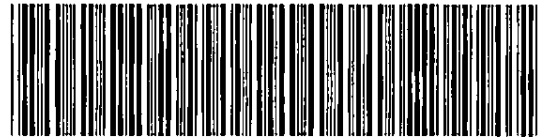
Certified Copies _____ Certificates of Status _____

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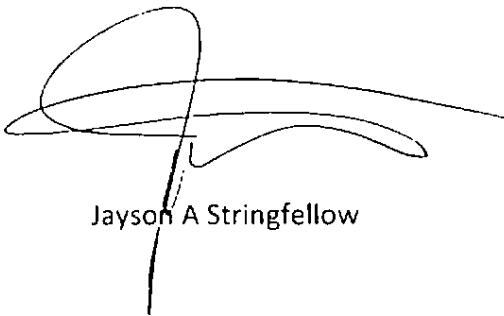
Jan. 14 – 2020
Florida Department of State
Division of Corporations

20 JAN 21 8:12:55

O Whom it may concern,

This letter is to give notice of permission and acknowledgement of a newly formed but closely related corporation name for a new LLC (Nexbiz, LLC.) which will be owned, operated and held by Jayson A. Stringfellow - single owner as the now current Nexbiz, Inc. Soon after Nexbiz, LLC. Is formed and established – and assets if any are transferred from Nexbiz, Inc., to Nexbiz, LLC - Nexbiz Inc. will be admiratively dissolved.

Thank you,

A handwritten signature in black ink, appearing to read 'Jayson A Stringfellow'. The signature is stylized with a large loop at the top and a long horizontal stroke.

Jayson A Stringfellow

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000029328

Entity Name: NEXBIZ, INC.

Current Principal Place of Business:

1455 WEST LAKESHORE DRIVE
CLERMONT, FL 34711

Current Mailing Address:

P.O. BOX 120788
CLERMONT, FL 34712

FEI Number: 59-3641284

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GERACI-CARVER, PA, ANITA G
1560 BLOXAM AVENUE
CLERMONT, FL 34711 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

20 JAN 21 8 18 56

Officer/Director Detail :

Title PD
Name STRINGFELLOW, JAYSON A
Address 1455 W. LAKESHORE DR.
City-State-Zip: CLERMONT FL 34711

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JAYSON STRINGFELLOW

PD

~~03/08/2019~~

Electronic Signature of Signing Officer/Director Detail

Date

3/9/19

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Nexbiz, LLC.
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jayson A Stringfellow
Name of Person

Nexbiz
Firm/Company

P.O. Box 120788
Address

Clermont, Fla 34712
City/State and Zip Code

Jayson@envyx.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jayson at (352) 267-1104
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

20 JAN 21 04:10:35

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

Jayson A Stringfellow

1456 W Lakeshore Drive

Clermont, FL 34711

20 JAN 2 8 12 35

(Use attachment if necessary)

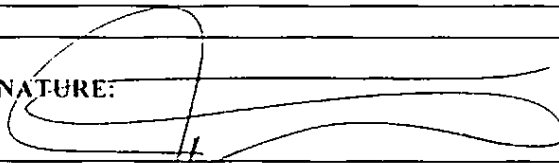
ARTICLE V: Effective date, if other than the date of filing: _____. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

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.

Jayson A Stringfellow

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Nex biz, LLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

1455 W. Lakeshore Drive
Clermont, FL 34711

P.O. Box 120788
Clermont, FL 34711

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Law office of Anita Geraci-Carver, PA.

Name

1560 Bloxam Avenue

Florida street address (P.O. Box **NOT** acceptable)

Clermont

FL

34711

City

State

Zip

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 certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

Anita Geraci-Carver

Registered Agent's Signature (REQUIRED)

(CONTINUED)

20 JAN 21 09:13:35