M1500005686

(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:
R.A. SIGN WIS-43790
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June 25, 2015

BLAKE RANSOM 20801 BISCAYNE BOULEVARD, SUITE 403 AVENTURA, FL 33180

SUBJECT: NEXLEVEL AUTO CONSULTANTS, LLC

Ref. Number: W15000043790

We have received your document for NEXLEVEL AUTO CONSULTANTS, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Stacey M Mason Regulatory Specialist II

Letter Number: 815A00013398

Nation of Communitions D.O. DOY COOK Mallel 1 1 200

COVER LETTER

	Registration Section Division of Corporation	ns				
SUBJEC	NexLevel Auto Co	nsultants, LLC				
SCBORC		Name of	f Limited Liability	Company		-
		reign Limited Liability Comed to register the above refe				
Please re	turn all correspondence	concerning this matter to the	e following:			
	Blake Ransom					
		1	Name of Person			-
	NexLevel Auto	Consultants, LLC				
Firm/Company						
	20801 Biscayn	e Blvd. ste 403				
			Address			-
	Aventura, Fl. 3	3180				
	1,100	City/S	State and Zip Code			•
	Bransom@pacbe	ell.net				
		E-mail address: (to be use	d for future annual	report no	tification)	-
For furthe	r information concernin	g this matter, please call:				
J	Blake Ransom		305 at (407-64	80	
-	Name o	f Contact Person	Area Code	Day	rtime Telephone Number	
	MAILING ADDRESS: Division of Corporations Registration Section O. Box 6327 Callahassee, FL 32314	·		Division Registrat Clifton B 2661 Exe	of Corporations ion Section uilding cutive Center Circle iee, FL 32301	
	s a check for the follow \$125.00 Filing Fee	ing amount: ☐ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Certified Copy	g Fee &	☐ \$160.00 Filing Fee, Cof Status & Certified Cop	

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 COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	reign Limited Liability Company; must include	"Limited Liability Company," "L.L.	C.," or "LLC	J.")	
Liability Company," "L.L.C	alternate name adopted for the purpose of trans," or "LLC.")	acting business in Florida. The altern	ate name mu	ıst inclu	de "Limited
State of Nevada		47-3555584			
(Jurisdiction under the law company is organized)	of which foreign limited liability	(FEI number, if appl	icable)		
20001 p: ptd	(Date first transacted business in Flor (See sections 605.0904 & 605.0905, F.S	rida, if prior to registration.) S. to determine penalty liability)	. .		
20801 Biscayne Blvd.	Stc. 403				
Aventura, Fl. 33180					
	(Street Address of Principal	Office)			
20801 Biscayne Blvd.,	ste. 403				
Aventura, Fl. 33180			三音	2015	
	(Mailing Address)			<u></u>	a secondary
Name and street address	ss of Florida registered agent: (P.O. Box	NOT accentable)	法型	1	e ve catteriore Property and the second
	Annia Devereux	<u></u>	20 (((() () ()
Name:			지유	ŢŢ	i e i
Office Address:	20801 Biscayne Blvd., ste. 403		AIS	Ċ.J	الخصيت
	Aventura	, Florida	힞ন	03	
		/7in and	le)		
		(Zip cot	ndiou nd dh	a mla a a	decien etc
aving been named as re is application, I hereby ith the provisions of all a e obligations of my positions. The name, title or capa	tance: egistered agent and to accept service of proceed agent and to accept service of proceed agent accept the appointment as registered agent as registered agent. (Registered agent accity and address of the person(s) who has	ent and agree to act in this capaci ete performance of my duties, and t's signature)	ty. I furthe	er agred	e to compl
aving been named as re is application, I hereby ith the provisions of all are obligations of my positions. The name, title or capalake Ransom - Manager	tance: egistered agent and to accept service of proceed agent and to accept service of proceed agent accept the appointment as registered agent as registered agent. (Registered agent accity and address of the person(s) who has	ent and agree to act in this capaci ete performance of my duties, and t's signature)	ty. I furthe	er agred	e to compl
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the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third

Typed or printed name of signee

degree felony as provided for in s.817.155, F.S.)

Blake Ransom



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, BARBARA K. CEGAVSKE, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **NEXLEVEL AUTO CONSULTANTS**, **LLC**, as a limited liability company duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since March 29, 2010, and is in good standing in this state.

TOUR CO.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on June 19, 2015.

Ballara K. Cegarske

BARBARA K. CEGAVSKE Secretary of State

Electronic Certificate
Certificate Number: C20150619-0044
You may verify this electronic certificate
online at http://www.nvsos.gov/