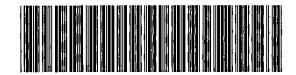
# M16000003637

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



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FILED

SECRETARY OF STATE
SECRETARY OF STATE
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# FLORIDA DEPARTMENT OF STATE AMARCA AM 11: 44 Division of Corporations

April 8, 2016

RACHEL TURBEVILLE 1200 RAMBLEWOOD DR GULF BREEZE, FL 32563

SUBJECT: DEALS XPRESS LLC Ref. Number: W16000025782



We have received your document for DEALS XPRESS LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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.

Dionne M Scott Regulatory Specialist II

Letter Number: 516A00007117

### **COVER LETTER**

	Deals Xpress, LLC					
BJE	CCT:	Name of Limite	d Liability (	Company		•
a an	closed "Application by Foreign Limited Liabil		•		essat Business in Florida t	t Com
	ce, and check are submitted to register the abo					
ease:	return all correspondence concerning this matt	ter to the follow	ing:			
	Rachel Turbeville					
		Name of	Person	<del></del>		•
	Deals Xpress, LLC					
		Firm/Co	mpany			•
	1200 Ramblewood Dr				TAL SE(	16
	4-46-1	Addı	ess			M
	Gulf Breeze, FL 32563				SSE A	-
		City/State and	d Zip Code			
	srinvest@outlook.com	<b>,</b>	<b>-</b> -		92	Ç
	E-mail address: (t	o be used for fu	ture annual	report notif	fication)	C
r furt	her information concerning this matter, please	call:		-		
	Rachel Turbeville		17	366-3709	a	
		at (_		)		
	Name of Contact Person		Area Code	Dayti	me Telephone Number	
	MAILING ADDRESS: Division of Corporations				ADDRESS:  f Corporations	
	Registration Section			Registratio		
	P.O. Box 6327			Clifton Bu		
	Tallahassee, FL 32314				utive Center Circle e, FL 32301	
nclose	d is a check for the following amount:					
	□ \$125.00 Filing Fee □ \$130.00 Filing		55.00 Filin	g Fee &	160.00 Filing Fee, Conf Status & Certified Con	

### 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 TOTRANSACT BUSINESS IN THE STATE OF FLORIDA:

If name unavailable enter a	Iternate name adopted for the purpose	e of transacting business	in Florida. The alternate n	nma must incl	uda "I i	 imitad
iability Company," "L.L.C,		. Or transacting business	in Plonda. The alternate if	ame musi mei	uue L	miteu
State of Indiana (Jurisdiction under the law company is organized)	of which foreign limited liability	3. 47-3625159	(FEI number, if applicab	le)		<del></del>
<b>I.</b>						
5. 4224 Estate Dr., Apt 1	(Date first transacted busine (See sections 605.0904 & 605.	ss in Florida, if prior to r 0905, F.S. to determine p	egistration.) penalty liability)			
Indianapolis, IN 46221		<del></del>				
indianapons, na 40221	(Street Address of F	rincipal Office)		- 50	_	
4224 Estate Dr., Apt 11					G	
Indianapolis, IN 46221					<u> </u>	<del>-1</del> 1
	(Mailing A	Address)		- 84	1	
. Name and street addres	s of Florida registered agent: (P.					[T]
Name:	Rachel Turbeville				Ö	*Security
Office Address:	1200 Ramblewood Dr.	W-11-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-		\$ A	53	
	Gulf Breeze		, Florida 32563 (Zip code)			
	(City)		(Zip code)			
Registered agent's accep	tance:			hility compa	nv at t	h <i>e</i> nlace
Having been named as re- lesignated in this applica- to complywith the provision accept the obligations of re-	tance: gistered agent and to accept servition, I hereby accept the appoint ons of all statutes relative to the proposition as registered agent.  (Registancity and address of the person(s)	price of process for the sement as registered ago proper and complete purpose agent's signature)	above stated limited lia ent and agree to act in t performance of my duti	his capacity.	I fur	ther agr
Having been named as re- lesignated in this applica- to complywith the provision accept the obligations of re- 8. The name, title or capa Rachel Turbeville, Manag	tance: gistered agent and to accept servition, I hereby accept the appoint ons of all statutes relative to the proposition as registered agent.  (Registancity and address of the person(s)	price of process for the sement as registered ago proper and complete purpose agent's signature)	above stated limited lia ent and agree to act in t performance of my duti	his capacity.	I fur	ther agr
Having been named as re- lesignated in this applica- to complywith the provision accept the obligations of re- 8. The name, title or capa Rachel Turbeville, Manag	tance: gistered agent and to accept servition, I hereby accept the appoint ons of all statutes relative to the proposition as registered agent.  (Registancity and address of the person(s)	price of process for the sement as registered ago proper and complete purpose agent's signature)	above stated limited lia ent and agree to act in t performance of my duti	his capacity.	I fur	ther agr
Having been named as re- lesignated in this applica- to complywith the provision accept the obligations of re- 8. The name, title or capa Rachel Turbeville, Manag	tance: gistered agent and to accept servition, I hereby accept the appoint ons of all statutes relative to the proposition as registered agent.  (Registancity and address of the person(s)	price of process for the sement as registered ago proper and complete purpose agent's signature)	above stated limited lia ent and agree to act in t performance of my duti	his capacity.	I fur	ther agr

Typed or printed name of signee

Rachel Turbeville

## STATE OF INDIANA OFFICE OF THE SECRETARY OF STATE CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greetings:

I, Connie Lawson, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records, and proper official to execute this certificate.

I further certify that records of this office disclose that

#### **DEALS XPRESS LLC**

duly filed the requisite documents to commence business activities under the laws of State of Indiana on March 19, 2015, and was in existence or authorized to transact business in the State of Indiana on April 18, 2016.

I further certify this Domestic Limited Liability Company (LLC) has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution or expiration has been filed or taken place.



In Witness Whereof, I have hereunto set my hand and affixed the seal of the State of Indiana, at the city of Indianapolis, this Eighteenth Day of April, 2016.

Corrie Lawson

Connie Lawson, Secretary of State

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ALLED
ASSEE, FLORID