# M1600009071

| (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: |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
| 10110-108222 10110-72431                |  |  |  |  |  |  |

Office Use Only



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October 25, 2016

STEVEN HALL 7039 BRIDGEPORT DRIVE HUDSONVILLE, MI 49426

SUBJECT: NEXU WEB SOLUTIONS LLC

Ref. Number: W16000072431

We have received your document for NEXU WEB SOLUTIONS 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):

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.

Tanisha L Washington Regulatory Specialist II

Letter Number: 216A00022830

### COVER LETTER

TO»

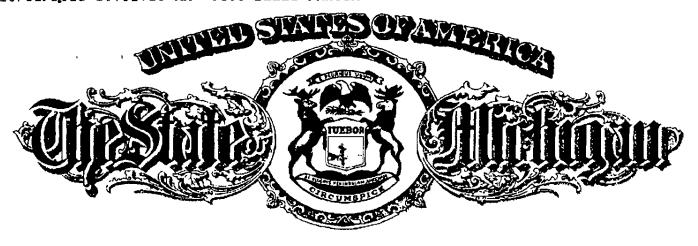
| го»                | Registration Section Division of Corporation   | s   |   |  |   |                               |  |
|--------------------|--|---|---|--|---|-------------------------------|--|
| eri <b>d ie</b>    | Nexu LLC   |   |   |  |   |                               |  |
| SUBJE              | C1:  | Name of   | Limited Liability C                       | Company  |   |                               |  |
| The end<br>Existen | closed "Application by Fore  | eign Limited Liability Comp<br>I to register the above refere                           | oany for Authoriza<br>enced foreign limit | tion to Tra<br>ed liability                    | nsact Business in Florida,"<br>company to transact busin                | Certificate of ess in Florida |  |
| Please             | return all correspondence co   | oncerning this matter to the  | following:                                |  |   |                               |  |
|                    | Steven Hall  |   |   |  |   |                               |  |
|                    |  | N   | ame of Person                             |  |   |                               |  |
|                    | Nexu LLC   |   |   |  |   |                               |  |
|                    | Firm/Company   |   |   |  |   |                               |  |
|                    | 7039 Bridgepor   | t Drive   |   |  |   |                               |  |
| Address            |  |   |   |  |   |                               |  |
|                    | Hudsonville, M   | I 49426   |   |  |   |                               |  |
|                    | City/State and Zip Code  |   |   |  |   |                               |  |
|                    | steven@nexu.me   |   |   |  |   |                               |  |
|                    |  | E-mail address: (to be use  | d for future annual                       | report not                                     | ification)  |                               |  |
| For fu             | ther information concerning  | g this matter, please call:   |   |  |   |                               |  |
|                    | Steven Hall  |   | 616<br>at (                               | 209-814  |   |                               |  |
|                    | Name o   | f Contact Person  | Area Code                                 | Day  | rtime Telephone Number  | •                             |  |
|                    | MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 |   |   | Division<br>Registrat<br>Clifton B<br>2661 Exe | of Corporations ion Section uilding ecutive Center Circle see, FL 32301 |                               |  |
| Enclos             | sed is a check for the follow \$125.00 Filing Fee  | ing amount:  \$\Bigsim \text{\$\subseteq \$130.00 Filing Fee & Certificate of Status}\$ | □ \$155.00 Filin<br>Certified Copy        |  | □ \$160.00 Filing Fee, C<br>of Status & Certified Co                    |                               |  |

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA $^{\pm}$

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

| Nexu LLC  |   |                                      | _                             |
|---|---|--------------------------------------|-------------------------------|
| ,   | ign Limited Liability Company; must include "Limi   | ted Liability Company," "L.L.C:," or | :"LLC.")                      |
| Nexu Web Solu   | ations LLC  |                                      |                               |
| Liability Company," "L.L.C,"                            |   |                                      | me must include "Limited      |
| 2. State of Michigan                                    | 3, 81-306   | 1765                                 |                               |
| (Jurisdiction under the law company is organized)       | of which foreign limited liability  | (FEI number, if applicable           | :)                            |
| 4   | (Data first transpoted business in Florida if   | prior to registration                | _                             |
|   | (Date first transacted business in Florida, if (See sections 605.0904 & 605.0905, F.S. to de  | etermine penalty liability)          | هسد دوع المسلم                |
| 5. 7039 Bridgeport Drive                                |   |                                      |                               |
| Hudsonville, MI 49426                                   |   |                                      | FILIDIA<br>16 NOV -3 PM       |
| 7020 D.: 1  | (Street Address of Principal Office)  | )                                    |                               |
| 6. 7039 Bridgeport Drive                                |   |                                      | - PH 1: 5                     |
| Hudsonville, M1 49426                                   | •   |                                      |                               |
|   | (Mailing Address)   |                                      | - <b>6</b> 3 <b>3</b> 9       |
| 7. Name and street addres                               | ss of Florida registered agent: (P.O. Box NOT   | acceptable)                          |                               |
| Name:   | Rylan Lambertsen  | <del></del>                          |                               |
| Office Address:   | 10120 11th Street North #103  |                                      |                               |
|   | Saint Petersburg  | , Florida 33716                      |                               |
| •   | (City)  | (Zip code)                           | <u> </u>                      |
| designated in this applica<br>to complywith the provisi | gistered agent and to accept service of process<br>tion, I hereby accept the appointment as regist<br>ons of all statutes relative to the proper and co<br>my position as registered agent. | tered agent and agree to act in th   | his capacity. I further agree |
|   | Rylan Lamber (Registered agent's sign   | tsen                                 |                               |
| •   | (Registered agent's sig   | nature)                              | _                             |
| 8. The name, title or capa<br>Steven Hall, Co-Founder   | acity and address of the person(s) who has/have   | authority to manage is/are:          |                               |
| Joseph Bartlett, Co-Found                               | ler   |                                      |                               |
|   |   |                                      |                               |
|   | 1/ 0- 00  | a foreign language, a translation o  |                               |
|   | Signature of an authorize   | 9-2 <b>9</b> -16                     | <del></del>                   |
|   | d in accordance with section 605.0203 (1) (b), Fo the Department of State constitutes a third deg   | lorida Statutes. I am aware that a   |                               |
|   | Steven Hall   |                                      |                               |

Typed or printed name of signee



## Department of Licensing and Regulatory Affairs

Lansing, Michigan

This is to Certify That

#### **NEXU LLC**

was validly organized on June 29, 2016 as a Limited Liability Company. Said Limited

Liability Company is validly in existence under the laws of this state and has satisfied its annual filing obligateds.

This certificate is issued pursuant to the provisions of 1993 PA 23, as amended, to attest to the fact that the company is in good standing in Michigan as of this date.

This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.



Sent by Facsimile Transmission 1418628

In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 31st day of October, 2016

Julia Dale, Director

Corporations, Securities & Commercial Licensing Bureau