

MI7000004900

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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(Business Entity Name)

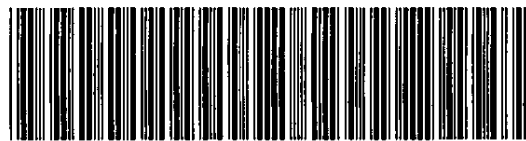
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N. CAUSSEAU

JUN -9 2017

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ROAD X, LLC  
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

BHAGWANDEEN PERSAD  
Name of Person

ROAD X, LLC  
Firm/Company

7938 CHILTON DRIVE  
Address

ORLANDO, FLORIDA, 32836  
City/State and Zip Code

bhags15@hotmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BHAGWANDEEN PERSAD at ( 340 ) 643-7663  
Name of Contact Person Area Code Daytime Telephone Number

**MAILING ADDRESS:**

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

**STREET ADDRESS:**

Division of Corporations  
Registration Section  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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    ☒ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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 TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. "ROAD X, LLC"  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. UNITED STATES VIRGIN ISLANDS 3. 66-0879828  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 405 HOSPITAL GROUND 6. P.O. Box 6305  
(Street Address of Principal Office) (Mailing Address)  
ST. THOMAS, USVI, 00802 ST. THOMAS, USVI, 00804

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

Name: BHAGWANDEEN PERSAD  
Office Address: 7938 CHILTON DRIVE  
ORLANDO, Florida 32836  
(City) (Zip code)

Registered agent's acceptance:

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 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.

  
(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
<u>PRESIDENT</u> <u>&amp; MANAGING MEMBER</u>	<u>BHAGWANDEEN</u> <u>7938 CHILTON DR.</u> <u>ORLANDO, FL 32836</u>	<u>TBD</u>	<u>ELISON FABION</u> <u>148-214 ESTATE TUVU</u> <u>ST. THOMAS, 00802</u>
<u>VICE PRESIDENT</u> <u>SECRETARY</u>	<u>CHERISE PENN</u> <u>148-199 ESTATE TUVU</u> <u>ST. THOMAS, USVI, 00802</u>		

(Use attachments if necessary)

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the  
jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath  
of the translator must be submitted)

  
Signature of an authorized person

10. 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.

BHAGWANDEEN PERSAD  
Typed or printed name of signee

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DIVISION  
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Corp No. 587569

**GOVERNMENT OF  
THE VIRGIN ISLANDS OF THE UNITED STATES  
— 0 —  
CHARLOTTE AMALIE, ST. THOMAS, VI 00802**

**CERTIFICATE OF EXISTENCE**

**To All To Whom These Presents Shall Come:**

I, OSBERT E. POTTER, Lieutenant Governor of the Virgin Islands do hereby certify that I am, by virtue of the laws of the Virgin Islands, the custodian of the corporate records and the proper officer to execute this certificate.

I further certify that the records of this office disclose that

**ROAD X, LLC**

**Limited Liability Company**

was duly registered to conduct business in the Territory on **May 16, 2017** and has a legal existence as a Limited Liability Company so far as the records of this office show.



Witness my hand and the seal of the Government of the Virgin Islands of the United States, at Charlotte Amalie, St. Thomas, this 26th day of May, 2017.

OSBERT E. POTTER  
Lieutenant Governor of the Virgin Islands

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SECRETARY OF CORPORATIONS  
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