## M18000000047

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name	e)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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JAN 03 70.5 J. HARRIS

## COVER LETTER

TO:

Registration Section

Division of Corporat	lions				
SUBJECT: Xeed.IO, LLC					
	Name of I	Limited Liability (	Company		
	Foreign Limited Liability Comp itted to register the above refere				
Please return all correspondence	ce concerning this matter to the	following:			
Sean Willia	ams				
	N:	ame of Person		_	
Xeed.IO, L	LC				
Firm/Company					
14457 Jan	14457 Jamaica Dogwood Dr.				
		Address			
Orlando, FL	. 32828				
	City/S	tate and Zip Code			
sean@xeed.i	0				
	E-mail address; (to be used	f for future annual	report not	tification)	
For further information concer	ning this matter, please call:				
Sean Williams		at (_407	, 243-8	732	
Nam	ne of Contact Person	Area Code	Day	rtime Telephone Number	
MAILING ADDRES Division of Corporati Registration Section P.O. Box 6327 Tallahassee, FL 3231	ons		Division Registrat Clifton B 2661 Exc	FADDRESS: of Corporations ion Section tuilding ecutive Center Circle see, F1, 32301	
Enclosed is a check for the foll □ \$125,00 Filing Fee		□ \$155,00 Filir Certified Copy	ng Fee &	□ \$160.00 Fiting Fee, Certi of Status & Certified Copy	ficate

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 005.0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY. COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

errasama masasalabla satar al	tornate nume advanted for the purpose of	transacting business in Florida. The alternate name (	must include "Limited
Liability Company," "L.L.C.	for "LLC")	transacting business in Formal. The anemate hance t	nust metade Tamies
2. Nevada		3. 47-4637385	
(Jurisdiction under the law company is organized)	of which foreign limited liability	(FEI number, if applicable)	<del></del> :
4 01/01/2018			
	(Date first transacted business in (See sections 605,0904 & 605,090	n Florida, if prior to registration.) 15. F.S. to determine penalty liability)	
5. 14457 Jamaica Dogwood	d Dr., Orlando, FL 32828		7.7
			<u> </u>
<del></del>	(Street Address of Princ	cipal Office)	<u>C</u>
6 14457 Jamaica Dogwood Dr., Orlando, FL 32828			1
6. 17 to 7 comaica sogre	od Dii, Olidido, i E deado		ris
(Mailing Address)		ress)	 
7. Name and street address	7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)		
Name:	Registered Agents Inc.		. 25
Office Address:	3030 N. Rocky Pt Dr. Ste 150A	·	
	Tampa	, Florida 33607	
Registered agent's accep	(City)	(Zip code)	
-	gistered agent and to accept service tion, I hereby accept the appointme	of process for the above stated limited liability on tax registered agent and agree to act in this coper and complete performance of my duties, a	capacity. I further agree
designated in this applicato complywith the provision	ons of all statutes relative to the promy position as registered agent.  But here		
designated in this applicato complywith the provision	my position as registered agent.	d agent's signature)	
designated in this applica to complywith the provision accept the obligations of t	my position as registered agent.  But Here's Registered	d agent's signature) no has/have authority to manage is/are:	
designated in this applica to complywith the provision accept the obligations of the 8. The name, title or capa	my position as registered agent.  But Here's Registered	no has/have authority to manage is/are:	
designated in this applica to complywith the provision accept the obligations of the 8. The name, title or capa	(Registered and address of the person(s) wh	no has/have authority to manage is/are:	
designated in this applica to complywith the provision accept the obligations of the 8. The name, title or capa Amanda Williams, CE	(Registered and address of the person(s) wh	no has/have authority to manage is/are: r., Orlando, FL 32828	

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.

Sean Williams

SECRETARY OF STATE



## 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, **XEED.IO 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 April 26, 2015, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on December 26, 2017.

Ballara K. Cegarste

Barbara K. Cegavske Secretary of State

Electronic Certificate Certificate Number: C20171226-0639 You may verify this electronic certificate online at http://www.nvsos.gov/