

# M2000005892

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.  
Account Number : 110432003053  
Phone : (561)694-8107  
Fax Number : (561)694-1639

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**Foreign Limited Liability Company  
Xinc, LLC**

Certificate of Status	1
Certified Copy	0
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3rd attempt

JUL - 6 2020

M. SOLOMON

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Corporate Filing Menu

Help

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:

XINC, LLC

1. \_\_\_\_\_  
(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.")  
Delaware 85-1035207

2. \_\_\_\_\_ 3. \_\_\_\_\_  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

N/A

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

12402 SW 44th Court

12402 SW 44th Court

5. \_\_\_\_\_  
(Street Address of Principal Office)

Miramar, Florida 33027

6. \_\_\_\_\_  
(Mailing Address)

Miramar, Florida 33027

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

Devona A. Reynolds Perez

Name:

2114 N. Flamingo Road, Suite 620

Office Address:

Pembroke Pines

33028

(City)

, Florida

(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)

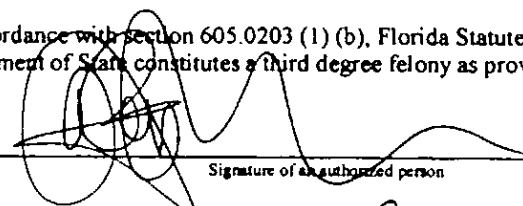
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: Chris Miller	<input checked="" type="checkbox"/> Manager	Name: Evon Gordon
<input type="checkbox"/> Member	Address: 12402 SW 44th Court	<input type="checkbox"/> Member	Address: 12402 SW 44th Court
<input type="checkbox"/> Authorized	Miramar, Florida 33027	<input type="checkbox"/> Authorized	Miramar, Florida 33027
Person		Person	
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input checked="" type="checkbox"/> Manager	Name: Ajani Stewart	<input checked="" type="checkbox"/> Manager	Name: Dean Reynolds
<input type="checkbox"/> Member	Address: 12402 SW 44th Court	<input type="checkbox"/> Member	Address: 12402 SW 44th Court
<input type="checkbox"/> Authorized	Miramar, Florida 33027	<input type="checkbox"/> Authorized	Miramar, Florida 33027
Person		Person	
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name: Sowande Johnson	<input type="checkbox"/> Manager	Name: Marc Christian
<input type="checkbox"/> Member	Address: 12402 SW 44th Court	<input type="checkbox"/> Member	Address: 12402 SW 44th Court
<input type="checkbox"/> Authorized	Miramar, Florida 33027	<input type="checkbox"/> Authorized	Miramar, Florida 33027
Person		Person	
<input checked="" type="checkbox"/> Other Vice President	<input type="checkbox"/> Other	<input checked="" type="checkbox"/> Other Treasurer	<input type="checkbox"/> Other

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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)

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.

  
Signature of an authorized person  
Daviona Reynolds Perez  
Typed or printed name of signee

# Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "XINC, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-SECOND DAY OF JUNE, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "XINC, LLC" WAS FORMED ON THE TWELFTH DAY OF MAY, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.



7967313 8300

SR# 20205820299

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 203148590

Date: 06-22-20