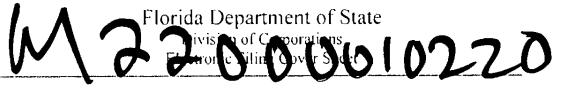
6/30/22, 4:35 PM

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000225757 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number: FCA000000023 : (954)208-0845 Fax Number : (614)573-3996

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

Email 1	Address:				

## Foreign Limited Liability Company LEXIDUS OPERATIONS LLC

Certificate of Status	U
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu



55

<u>::</u>.

12122023573

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

IN COMPLIANCE WITH SECTION 605,0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED HABILITY COMPANYTOTRANSACT BUSINESS INTHE STATE OF FLORIDA:

name may allable, enter alternate n	aine adopted for the purpose of transacting business in Flor	ida. The alternate i	ame must meltide "Limited Liability Co.	np.mv." "I. L.C." or "LE	
Delaware		88-11 3.			
(Jurisdiction under the faw of which foreign limited liability company is organized		d) (fill number, if applicable)			
	(Date first transacted business in Florida, if prior to re (See sections 605 0904 & 605 0905, E.S. to determine	de benativ pripipité) destration (			
10317 SW 17th Place		10317	SW 17th Place	2022	
eer Address of Principal Office)		(X	ading Address)	<u>۔ ۔ ۔ ۔ ۔ ۔ ۔ ۔ ۔ ۔ ۔ ۔ ۔ ۔ ۔ ۔ ۔ ۔ ۔ </u>	
Gainesville, FL 32607		Gaines	wille, FL 32607	: ::- ::-	
				2022 JUN 30 PH 2:	
				<u></u>	
Name and street addres	s of Florida registered agent: (P.O. Box	<u>NOT</u> accepta	hle)	1	
Name:	C T Corporation System				
Office Address:	1200 South Pine Island Road				
	Plantation		33324		
			, Florida		

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 um familiar with and accept the obligations of my position as registered agent.

By: kaity toon, asst. seey (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
ma	mage [up to six (6) total]:

Title or Capacity:	Name and Address:	Title or Capacity	<u>v:</u>	Name and Address:
Manager	Name: Lexidus Group LLC	☐ Manager	Name:	
■Member	Address:	□ Member	Address:	
∃Authorized	Gainesville, FL 32607	☐ Authorized		
Person		Person		
□Other			<del></del>	□Other
□Manager	Name:	□Manager	Name:	
□Member	Address:	⊒ Member		
□Authorized		□ Authorized		
Person		Person		2027.
□Other		ZOther		ယ
] Manager	Name:	□ Manager	Name:	0 PH
□Member	Address:	□Member	Address:	2: 17
□Authorized		☐ Authorized		
Person		Person		
[]Other	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 filling 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 5.817.155, F.S.

	Signature of an authorized pecson	
Jtsav Bhat		



Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "LEXIDUS OPERATIONS 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 THIRTIETH DAY OF JUNE, A.D. 2022.

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

2022 JEN 30 PH 2: 17

e at corp delaware gov/auti

Authentication: 203814869

Date: 06-30-22