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.

(((H220002396153)))



H220002396153ABC/

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : INCORP SERVICES INC

Account Number : I20120000007 Phone

: (702)866-2500

: (702)900-2290 Fax Number

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

Email Address: managedreports@incorp.com

## Foreign Limited Liability Company LOADCO LLC

Certificate of Status	0
Certified Copy	1,
Page Count	05
Estimated Charge	\$155.00

S. FRANKLIN

JUL 18 2022

Electronic Filing Menu

Corporate Filing Menu

Help

Registration Section

TO:

## COVER LETTER

Division of Corporations						
SUBJECT:	LOADÇO 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 a	Please return all correspondence concerning this matter to the following:					
	Jaycie Howard					
	Name of Person					
	InCorp Services, Inc.					
	Firm/Company					
	3773 Howard Hughes Parkway, Suite 500S					
		Address 2872				
	Las Vegas, Nevada 89169-6014					
	City/S	tate and Zip Code				
	managedreports@incorp.com	<u>cu</u>				
	E-mail address: (to be used for future annual report notification)					
For further inf	E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:					
Ja	aycie Howard for InCorp Services, Inc.	(702) 866 - 2500	)			
	Name of Contact Person	Area Code Daytime Telephone Number				
Regi Divi P.O.	ing Address: istration Section ision of Corporations Box 6327 ahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				
Enclosed is a check for the following amount:  Please make check payable to: FLORIDA DEPARTMENT OF STATE  \$125.00 Filing Fee \$130.00 Filing Fee & \$155.00 Filing Fee & \$160.00 Filing Fee, Certificate  Certificate of Status Certified Copy 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 COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. LOADCO LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LL C.," or "LLC.")

lf name unavailable, enter alternate u	ame adopted for the purpose of transacting business in Fi	iorida. The	elternate name must include "Limited Liability Company	,""LL,C," or " <u>1.1</u>
Nevada		3.	81-1283843	
(Jurisdiction under the law of w	hich foreign binited liability company is organized)		(Fill number, if applicable)	
Upon Registration				
· ·	(See sections 605,0904 & 605,0905, F.S. to determ	registration ine penalty	liability)	
5. 3601 Kernan Blvd S, Suite 1724		6.	3601 Kernan Blvd S, Suite 1724	
Street Address of Principal Office)			(Mailing Address)	
Jacksonville, FL 32	224		Jacksonville, FL 32224	2022 63'-
				1
				<del></del>
. Name and street addres	s of Florida registered agent: (P.O. Box	NOT:	acceptable)	ANT III. C
Name:	InCorp Services, Inc.		· <del></del>	77
Office Address:	17888 67th Court North			
	Loxahatchee		. Florida 33470	
	(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.

isabel Burgos on behalf of Incorp Services, Inc.

FAX No.

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]:

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
□Manager	Name: Javan Doyle Loadholtz	□Manager	Name: Lisa Michelle Loadholtz
Member	Address: 3601 Keman Blvd S, Suite 1724	■Member	Address: 3601 Kernan Blvd S, Suite 1724
□Authorized	Jacksonville, FL 32224	□Authorized	Jacksonville, FL 32224
Person	<u>,</u>	Person	
□Other	□Other	□Other	
□Manager	Name:	□Manager	Name:
□ Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Ferson	
□Other	Other	□Other	□Other 2872
			J !!
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	22
Other	Other	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 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.

Javan Doyle Loadholtz

Typed or privated name of signer







I, Barbara K. Cegavske, the duly qualified and elected 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, corporations sole, 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, LOADCO LLC, as a DOMESTIC LIMITED-LIABILITY COMPANY (86) duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since 01/26/2016, and is in good standing in this state.



Certificate Number: B202207142824096

You may verify this certificate online at http://www.nvsos.gov

IN WITNESS WHEREOF, I have hereunto set'my hand and affixed the Great Seal of State, at my office on 07/14/2022.

Barbara K. Cegavske
BARBARA K. CEGAVSKE
Secretary of State