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	(Requestor's Name)	
 	(Address)	
	(Address)	
	(City/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
	(Business Entity Name)	
	(Document Number)	
Certified Copies	Certificates of	Status
Special Instructions to	o Filing Officer:	

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CORPORATE ACCESS, _____

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INC.

236 East 6th Avenue. Tallahassee, Florida 32303 P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

	CERTIFIED COPY	
XX	РНОТОСОРУ	
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XX	FILING	LLC
	NXLVL, LLC	
	(CORPORATE NAME AND DOCUM	MENT #)
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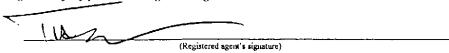
APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPILANCE 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. Name of Foreign	NXLVL Limited Liability Company, must include "Limite	, LLC ed Liability Compe	ny," "L L.C.," or "LLC.")		
	name adopted for the purpose of transacting business in F			y Company," "L.L.C," or "L.	LC,")
Delaware 2. (Jurisdiction under the law of w	hich foreign limited liability company is organized)	3	(FEI number, if	applicable)	
N/A 4	(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determ	s registration.) úne penalty liability)		_	
5. (Street Address of Principal Office)		6	Mailing Address)		
1510 Willow Bran	ch Ave	1510	Willow Branch Ave		
Jacksonville, FL 32	2205	Jack	sonville, FL 32205		
7. Name and street addre	ss of Florida registered agent: (P.O. Bo	x <u>NOT</u> accept	able)	2022 SEP	2
Name:	Thomas Broering		-	29	FILE
Office Address:	1510 Willow Branch Ave	·,		AH 9:	(i)
	Jacksonville		32205 _ , Florida	- 5 5 2	
	(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.



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; Glenn D. Witt	□Manager	Name: Hetal Patel
≣Member	Address: 3020 Alton Drive	■Member	Address: 6909 Timber Creek CT.
□Authorized	Saint Petersburg, FL 33706	□Authorized	Baltimore, MD 21209
Person		Person	
□Other	Other	□Other	□Other
□Manager	Name: Gregory T Rice Jr.	□Manager	Name: Thomas Broering
≅ Member	Address: 5944 Bay Dr. S	Member	Address: 1510 Willow Branch Ave.
□Authorized	Gulfport, FL 33707	□Authorized	Jacksonville, FL 32205
Person		Person	
□Other	Other	□Other	
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
□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 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 s.817.155, F.S.

112	
Signature of an authorized person	
Thomas Broering, Member	
Typed or printed issue of signee	



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

DELAWARE, DO HEREBY CERTIFY "NXLVL, 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-NINTH DAY OF SEPTEMBER, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "NXLVL, LLC" WAS FORMED ON THE TWENTIETH DAY OF JULY, A.D. 2021.

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

Authentication: 204511523

Date: 09-29-22