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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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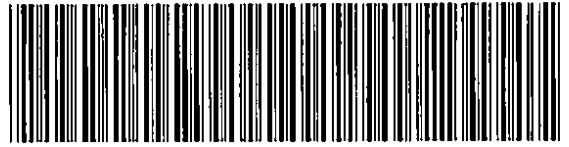
(Business Entity Name)

(Document Number)

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 22, 2023

JASON CANTRELL
2520 N. MCMULLEN BOOTH RD B334
CLEARWATER, FL 33761 US

SUBJECT: NXTSYSTEM LLC
Ref. Number: W23000073256

We have received your document for NXTSYSTEM LLC and check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

STANTON H ROBERTS
Regulatory Specialist III

Letter Number: 223A00011636

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NXTSYSTEM 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 all correspondence concerning this matter to the following:

JASON CANTRELL

Name of Person

NXTSYSTEM LLC

Firm/Company

2520 N. MC MULLEN BOOTH RD B334

Address

CLEARWATER, FL 33761

City/State and Zip Code

NXTSYSTEM-LLC@YAHOO.COM

E-mail Address (to be used for future annual report notification)

For further information concerning this matter, please call.

JASON CANTRELL

Name of Contact Person

at (727)

Area Code

240-7004

Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, 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 & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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

IN COMPLIANCE WITH SECTION 609.04, FLORIDA STATUTES, THE FOLLOWING IS REQUESTING TO REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. NXTSYSTEM LLC
(Name of foreign limited liability company. Must include "Limited Liability Company," "LLC," or "LLC.")

(If name is unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "LLC.")

2. DELAWARE 3. _____
(Jurisdiction under laws of which foreign limited liability company is organized) (FEI number, if applicable)

4. NAME NOT
(Name first transmitted known in Florida, if prior to registration)
(See sections 603.0404 & 603.0405, F.S. to determine priority liability)

5. 2520 N. MC MULLEN BOOTH RD 6. 2520 N. MC MULLEN BOOTH RD
(Street Address of Foreign Office) (Mailing Address)

B334

B334

CLEARWATER, FL 33761

CLEARWATER, FL 33761

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

Name: ELIZABETH CONWAY

Office Address: 29174 FEDORA CIR

BROOKSVILLE, Florida 34602
(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.

Elizabeth Conway
(Registered agent's signature)

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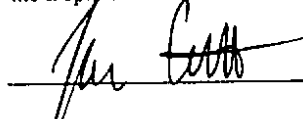

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage (up to six (6) total):

<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: <u>JASON CANTRELL</u>	<input checked="" type="checkbox"/> Manager	Name: <u>VANESSA CANTRELL</u>
<input type="checkbox"/> Member	Address: <u>2520 N. MC MULLEN BOOTH</u>	<input type="checkbox"/> Member	Address: <u>2520 N. MC MULLEN BOOTH</u>
<input type="checkbox"/> Authorized	<u>CLEARWATER, FL 33761</u>	<input type="checkbox"/> Authorized	<u>CLEARWATER, FL 33761</u>
Person	<u>UNIT B334</u>	Person	<u>UNIT B334</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<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	
<u>JASON CANTRELL</u>	<u>Vanessa Cantrell</u>
Typed or printed name of signer	

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "NXTSYSTEM 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 FOURTEENTH DAY OF JULY, A.D. 2023.



7265213 8800

SN# 20232383607

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203749263

Date: 07-14-23