

M230000 10745

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

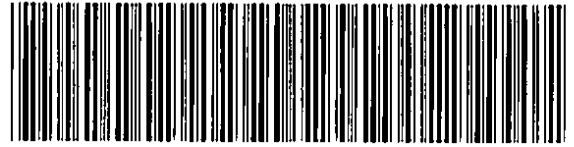
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2023 AUG 17 PM 5:14

ALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED

2023 AUG 15 PM 6:00

ALLAHASSEE, FLORIDA

AUG 17 2023

K. Brumbley



August 16, 2023

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

**CORRECTED**  
Please Allow For  
Same File Date

*Sunshine*

SUBJECT: ELEXYA CAPITAL LLC  
REF: W23000111975

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.," also are no longer acceptable.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Ariel Jones  
Regulatory Specialist II

FAX Aud. #: H23000280466  
Letter Number: 823A00018841

P.O. BOX 6327 - Tallahassee, Florida 32314

RECEIVED  
2023 AUG 17 AM 10:11  
TALLAHASSEE, FLORIDA

**Sunshine State Corporate Compliance Company**

3458 Lakeshore Drive, Tallahassee, Florida 32312

(850) 656-4724

DATE 8/17/2023

**\*\*WALK IN\*\***

ENTITY NAME Elexya Capital LLC

DOCUMENT NUMBER \_\_\_\_\_

**\*\*PLEASE FILE THE ATTACHED AND RETURN\*\***

XXXXXXX

*Plain Copy*

*Certified Copy*

*Certificate of Status*

**\*\*PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY\*\***

*Certified Copy of Arts & Amendments*

*Certificate of Good Standing*

**\*\*APOSTILLE / NOTARIAL CERTIFICATION\*\***

COUNTRY OF DESTINATION \_\_\_\_\_

NUMBER OF CERTIFICATES REQUESTED \_\_\_\_\_

TOTAL OWED \$125

ACCOUNT #: I20160000072

*Σ R JH*

*Please call Tina at the above number for any issues or concerns. Thank you so much!*

Elexya Capital LLC  
1801 NE 123rd Street, Suite 314  
North Miami, FL 33184

Elexya Capital LLC, an inactive Florida limited liability company with Doc ID L23000373524 (the "Company"), filed articles of dissolution with the Florida Department of State on August 8, 2023. The Company has no intention of revoking dissolution, therefore, releasing the name for use to another entity, and hereby consents to Elexya Capital LLC, a Texas limited liability company, using the name "Elexya Capital LLC" when registering with the Florida Department of State.

By: Jenisa Irizarry  
Jenisa Irizarry, Special Manager

APPROVED  
AND  
FILED

2023 AUG 15 PM 6:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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:*

1. Elexya Capital, LLC  
(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.")

2. Texas  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. \_\_\_\_\_  
(FEI number, if applicable)

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

5. 1801 NE 123rd Street, Suite 314  
(Street Address of Principal Office)

6. 1801 NE 123rd Street, Suite 314  
(Mailing Address)

North Miami, FL 33184

North Miami, FL 33184

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

Name: Salford Corporate Services Inc.

Office Address: 20803 Biscayne Blvd, Suite 405

Aventura, Florida 33180  
(City) (Zip code)

APPROVED  
AND  
FILED  
2023 AUG 15 PM 6:00  
CLERK OF CIRCUIT COURT  
DADE COUNTY, 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 am familiar with and accept the obligations of my position as registered agent.*

Jenisa Irizarry  
(Registered agent's signature)

Jenisa Irizarry, Attorney-in-Fact

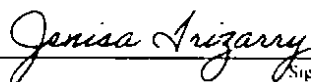
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<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>Alain Beny Remba Yedid</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>1801 NE 123rd Street, Ste 314</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>North Miami, FL 33184</u>	<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 _____
 <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

Jenisa Irizarry

\_\_\_\_\_  
Typed or printed name of signer



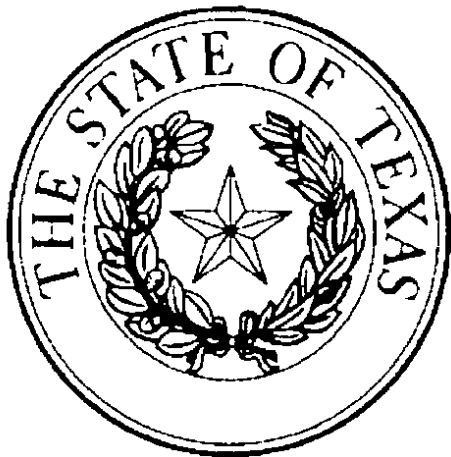
## Office of the Secretary of State

### Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for ELEXYA CAPITAL, LLC. (file number 804919158), a Domestic Limited Liability Company (LLC), was filed in this office on February 08, 2023.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on August 11, 2023.



A handwritten signature of Jane Nelson in black ink.

Jane Nelson  
Secretary of State