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.

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : 120090000081 Phone : (307)200-2803

Fax Number

: (813)436-5206

Enter the email address for this business entity to be used for future \mathcal{L}_{\leq} annual report mailings. Enter only one email address please. :

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THE RAIL	DEFEN DIVISION	Cartific

Foreign Limited Liability Company BATISTA FOOD EXPRESS LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

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Corporate Filing Menu

Help

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

IN COMPLIANCE WITH SECTION (05.0902, FLORIDA STATUTES THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

, BATISTA FOOD EXPR	ESS LLC					
(Name of Foreign	United Liability Company; must include "Limit	ed Liability Comp.	ny,""L.I.C." or "LI.C.")			
ell name unavailable, enter alternate i	name adopted for the purpose of transacting business in F	lorida. The alternate	name must include "Limited Liabili	ty Company," "L.L.C." or "LL.C.")		
2. Washington	hich foreign limited liability company is organized)	3. 93-2898044 (FEI number, if applicable)				
Oursaletion under the law of w	nich foreign limited liabhity company is organized)		(FEL MURDET, II	- аррисавіе)		
1	(Date first transacted business in Florida, if prior to tree sections 605 0804 & 605 0905, US to determ	registration) one penalty hamility)		<u></u>		
7901 4th St N STE 300		7901 6.	4th St N STE 300			
(Street Address of Principal Office)	(Street Address of Proreigal Office)		(Mailing Address)			
St. Petersburg FL 33702		St. Pe	St. Petersburg FL 33702			
7. Name and street addres	ss of Florida registered agent: (P.O. Bo;	X <u>NOT</u> accepti	ible)	2023 AUS		
Name:	Northwest Registered Agent LLC			9 S S S S S S S S S S S S S S S S S S S		
Office Address:	7901 4th St N STE 300			7		
	St. Petersburg		, Florida 33702			
	(Cux)		(Zin 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.

Registered agent's signature)

manage [up to six (6) total]:

From: Registered Agents Inc.

Title or Capacity:	Name and Address:	<u>Title or Capacit</u>	<u>V:</u>	Name and Address:
lanager	Name: Lisdanay Batista Mejias	□ Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized	7901 4th St N STE 300	□Authorized		
Person	St. Petersburg FL 33702	Person		
□Other	Other	□ Other	<u>. </u>	□ Other
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	
[]Authorized		□Authorized		
Person		Person	 	
[]Other	□Other	□Other	·-···	□Other
L!Manager	Name:	L. Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized		\Box Authorized		
Person		Person		·
□Other	□ Other	Other		□Other

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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 \$.817.155, F.S.

ut smith

Nat Smith

Eyped or printed name of signee



Secretary of State

1, STEVE R. HOBBS. Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF EXISTENCE

OF

BATISTA FOOD EXPRESS LLC

I CERTIFY that the records on file in this office show that the above named entity was formed under the laws of the State of Washington and that its public organic record was filed in Washington and became effective on 08/10/2023.

I FURTHER CERTIFY that the entity's duration is Perpetual, and that as of the date of this certificate, the records of the Secretary of State do not reflect that this entity has been dissolved.

I FURTHER CERTIFY that all fees, interest, and penalties owed and collected through the Secretary of State have been paid.

1 FURTHER CERTIFY that the most recent annual report has been delivered to the Secretary of State for filing and that proceedings for administrative dissolution are not pending.

Issued Date: 08/17/2023 UBI Number: 605 301 875



Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

te R Hohire

Steve R. Hobbs, Secretary of State

Date Issued 08 17 2023