

M230000011986

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the tax audit number (shown below) on the top and bottom of all pages of the document.

((H230003286063))



H2300032860634BC7

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : INCFILE.COM LLC  
Account Number : 120220000070  
Phone : (888)462-3453  
Fax Number : (877)919-2613

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

Email Address: EFILE1234@INCFILE.COM

RECEIVED  
2023 SEP 19 AM 11:12  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

Foreign Limited Liability Company  
EXPRESS VENTURES LLC

Certificate of Status	1
Certified Copy	0
Page Count	05
Estimated Charge	\$130.00

2023 SEP 19 AM 9:26  
SECRETARY OF STATE  
TALLAHASSEE, FL

FILED

COVER LETTER

(((H23000328606 3)))

TO: Registration Section  
Division of Corporations

SUBJECT: EXPRESS VENTURES 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:

LOVETTE DOBSON

Name of Person

.....  
Firm Company

17350 STATE HWY 249 STE 220

Address

HOUSTON, TX 77064

City State and Zip Code

EFILE1234@INCFILE.COM

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

For further information concerning this matter, please call:

LOVETTE DOBSON

Name of Contact Person

at ( 1 )

Area Code

888-462-3453

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

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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. EXPRESS VENTURES 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. Tennessee
3. 93-3435396
(Jurisdiction under the law of which foreign limited liability company is organized) (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, if any.)

5. 1150 Nw 72nd Ave Tower 1
(Street Address of Principal Office)
Ste 455 #12990
Miami, FL 33126

6. 1150 Nw 72nd Ave Tower 1
(Mailing Address)
Ste 455 #12990
Miami, FL 33126

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ALLA HANSEN, FL

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

Name: REPUBLIC REGISTERED AGENT LLC

Office Address: 1150 Nw 72nd Ave Tower I Ste 455

Miami, Florida 33126
(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.

Wesley Dolan
(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>
Manager	Name <u>Nathan Jackson</u>	Manager	Name _____
Member	Address <u>4015 Travis Drive</u>	Member	Address _____
Authorized	<u>Ste 211 #904</u>	Authorized	_____
Person	<u>Nashville, TN 37211</u>	Person	_____
Other _____	Other _____	Other _____	Other _____
Manager	Name _____	Manager	Name _____
Member	Address _____	Member	Address _____
Authorized	_____	Authorized	_____
Person	_____	Person	_____
Other _____	Other _____	Other _____	Other _____
Manager	Name _____	Manager	Name _____
Member	Address _____	Member	Address _____
Authorized	_____	Authorized	_____
Person	_____	Person	_____
Other _____	Other _____	Other _____	Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be merged 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 § 817.155, F.S.

Nathan Jackson  
Signature of an authorized person

Nathan Jackson  
Name of authorized person

(((H23000328606 3)))



**Tre Hargett**  
Secretary of State

(((H23000328606 3)))  
**Division of Business Services**  
**Department of State**  
State of Tennessee  
312 Rosa L. Parks AVE, 6th FL  
Nashville, TN 37243-1102

**LOVETTE DOBSON**  
STE 220  
17350 STATE HWY 249  
HOUSTON, TX 77064

September 18, 2023

**Request Type: Certificate of Existence/Authorization**  
Request #: 0547526

Issuance Date: 09/18/2023  
Copies Requested: 1

**Document Receipt**

Receipt #: 008367796 Filing Fee: \$20.00  
Payment-Credit Card - State Payment Center - CC #: 3858306977 \$20.00

**Regarding: EXPRESS VENTURES LLC**

Filing Type: Limited Liability Company - Domestic  
Formation/Qualification Date: 09/15/2023  
Status: Active  
Duration Term: Perpetual  
Business County: DAVIDSON COUNTY

Control #: 1466755  
Date Formed: 09/15/2023  
Formation Locale: TENNESSEE  
Inactive Date:

**CERTIFICATE OF EXISTENCE**

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

**EXPRESS VENTURES LLC**

\* is a Limited Liability Company duly formed under the law of this State with a date of incorporation and duration as given above:

\* has paid all fees, interest, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business:

\* has appointed a registered agent and registered office in this State;

\* has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Tre Hargett  
Secretary of State

Processed By: Cert Web User

Verification #: 062877226