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(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 : INCFILE.COM LLC

Account Number : I20220000070

Phone : (888)462-3453

Fax Number

: (877)919-2613

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

Email Address: EFILE1234@INCFILE.COM

Foreign Limited Liability Company OPINICUS DESIGN LLC

Certificate of Status	1
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COVER LETTER

(((H230004046713)))

TO: Registration Section **Division of Corporations**

SUBJECT: OPINICUS DESIGN 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		
N	ame of Person	
ļf	irm/Company	
17350 STATE HWY 249	#220	
	Address	
HOUSTON, TX 77064		
City/S	tate and Zip Code	
EFILE1234@INCFILE.COI	<u> </u>	
For further information concerning this matter, please call:	d for future annual report notification)	
LOVETTE DOBSON	at (1) 888-462-3453 Area Code Daytime Telephone Number	
Name of Contact Person	Area Code Daytime Telephone Number	
Mailing Address: Registration Section	Street Address: Registration Section	
Division of Corporations	Division of Corporations	
P.O. Box 6327	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810	
Tallahassee, FL 32314	Tallahassee, FL 32303	
Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPAR ☐ \$125.00 Filing Fee S130.00 Filing Fee & Certificate of Sta	□ \$155.00 Filing Fee & □ \$160.00 Filing Fee, Certificate	

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

	TKON 605,0902, FLORIDA STATUT ISINENS IN THE STATE OF FLORI		10 KEU	ыска голем	וגווסאגו לבו ונויהנו
1	OPINICUS	S DESIGN L	LC		
(Name of Foreign	Limited Liability Company; must inc	hade "Limited Liability C	ompuny," "L.E.C.," or "LLC	,	
(If name unavailable, enter alternate r	name adopted for the purpose of transacting	g business in Florida. The alte	emate name must include "Limito	ed Liability Company,	," "ELL C," or "ELC.")
_{2.} Texas			35-2545873		
Durisdiction under the law of w	hich foreign funited liability company is or	rganized)	(FEI :	umber, il applicable)	
1	(Date first transacted business in Flor (See sections 605 0904 & 605 0905)	rida, il prior to registration.)	nday)		
	_			_	
5. 6265 Dolosto	one Dr	6. <u>6</u>	(Mailing Address)	ne Dr	
Succession manyaresmice,			(11.20.11.8)		
Lakeland, FL	33811	<u>L</u>	akeland, FL 3	3811	
				ADZ3 KOV	
		_		A 333	"77
7 Name of Laborat wilder	s of Florida registered agent:	IDO Box NOT our	yontahla)	28 AR)	AT A ROBBE
7. Ivanic and <u>street addres</u>	s of Piolida registered agent.	11.0. 800 <u>NOT</u> acc	c(naore)	PH 3: 4	["F]
	DED. 10. 10. DE	0.07555	A O E NIT I I O	$\frac{1}{2}$	-
Name:	REPUBLIC REC	31STERED	AGENT LLC	3: 4.1 STATE	
	1150 Nw 72nd A	Ave Tower I	Sta 155	1 i j - 14-	
Office Address:	1130 INW 72110 F	Ave Tower i	<u> </u>		
	Miami		, Florida <u>3312</u> (Zm cod	6	
	(City)	(Zip cod	c)	
Registered agent's accep	tance:				
	gistered agent and to accept s tion, I hereby accept the appo				
to comply with the provisi	ons of all statutes relative to i	the proper and comp			
ina accept the obligation:	s of my position as registered	agent.			
	Wes	ley Dolas (steryfagent's signature)	r		
	(Reg	isterodageni's signature)		_	

(((H23000404671 3)))

	Name and Address:	Title or Capacit	y: Name and Address:
□Manager	Name: Matthew Festa	□Manager	Name:
⊠ Member	Address: 1400 Westinghouse Ro	□Member	Address:
□ Authorized	Apt 6017	□Authorized	
Person	Georgetown, TX 78626	Person	
Other		Other	□Other
□Manager	Name:	□Manager	Name:
DMember	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
Other	□Other	Other	Other
□Manager	Name:	□Manager	Name:
]Member	Address:	□Member	Address:
5Authorized		□Authorized	
Person		Person	
Other	Other	∐Other	Other

Typed or printed name of signee

11/28/2023 06:28:36 CST . Page: 5/5

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



Jane Nelson Secretary of State (((H23000404671 3)))

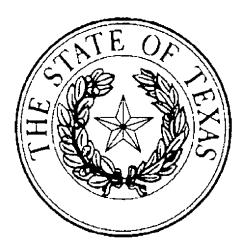
Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for OPINICUS DESIGN LLC (file number 804866494), a Domestic Limited Liability Company (LLC), was filed in this office on January 04, 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 November 22, 2023.



gave Melion

Jane Nelson Secretary of State

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Phone. (512) 463-5555 Prepared by: SOS-WEB Fax: (512) 463-5709 TID: 10264 Dial; 7-1-1 for Relay Services Document: 1307416730002