

Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : JAMES A. SCHMIDT, P.A.
Account Number : I20120000088
Phone : (813)250-3700
Fax Number : (813)250-3701

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

Email Address: jas@schmidtlawoffice.com

**Foreign Limited Liability Company
Nexus Capital Incubator I LLC**

Certificate of Status	0
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Nexus Capital Incubator I 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:

James A. Schmidt, Esq.

Name of Person

James A. Schmidt, P.A.

Firm/Company

2904 W Bay to Bay Blvd.

Address

Tampa, FL 33629

City/State and Zip Code

jas@schmidtlawoffice.com

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

For further information concerning this matter, please call:

James A. Schmidt, Esq.

813

250-3700

Name of Contact Person

at (_____) _____

Area Code

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

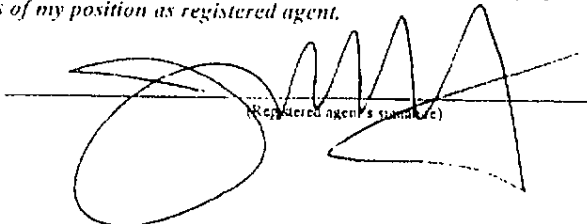
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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS
IN FLORIDAIN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:1. Nexus Capital Incubator 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. Wyoming 3. 09-1871975
(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 liability)5. 213 Turner Street 6. 213 Turner Street
(Street Address of Principal Office) (Mailing Address)
Clearwater, FL 33756 Clearwater, FL 337567. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)Name: James A. Schmidt, P.A.
Office Address: 2904 W Bay to Bay Blvd.
Tampa 33629
(City) (Zip code)
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.
(Registered agent's signature)

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2024 DEC -5 AM 11:44
STATE
TALLAHASSEE, FL

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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):

Title or Capacity:Name and Address:☒ Manager

Name: David Larrabure

☐ Member

Address: 213 Turner Street

☐ Authorized

Clearwater, FL 33756

Person

☐ Other☐ OtherTitle or Capacity:Name and Address:☐ Manager

Name:

☐ Member

Address:

☐ Authorized

Person

☐ Other☐ Other☐ Manager

Name:

☐ Member

Address:

☐ Authorized

Person

☐ Other☐ Other☐ Manager

Name:

☐ Member

Address:

☐ Authorized

Person

☐ Other☐ Other☐ Manager

Name:

☐ Member

Address:

☐ Authorized

Person

☐ Other☐ Other☐ Manager

Name:

☐ Member

Address:

☐ Authorized

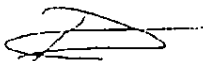
Person

☐ Other☐ 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

David Larrabure

Typed or printed name of signer

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STATE OF WYOMING
Office of the Secretary of State

I, CHUCK GRAY, Secretary of State of the State of Wyoming, do hereby certify that according to the records of this office,

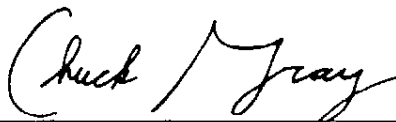
Nexus Capital Incubator I LLC
is a
Limited Liability Company

formed or qualified under the laws of Wyoming did on **February 23, 2024**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2024-001415103**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 4th day of December, 2024 at 2:30 PM. This certificate is assigned ID Number 078749132.




Secretary of State

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