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DATE:

10/8/20

NAME:

J SQUARED LTD.

TYPE OF FILING: APPLICATION

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AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

_	istration Section sistemations			
SUBJECT	. J SQUARED LTD			
		corporation	- must include suffix	
Dear Sir or I	Madam:			
"Certificate		Good Stan	Authorization to Transact Business in Florida," ding" and check are submitted to register the ss in Florida.	
Please return	all correspondence concerning	this matter	to the following:	
LAUREN BE	ENGOCHEA			
		Name of	Person	
iCLADLAW				
		Firm/Com	pany	
175 SW 7TH	STREET, SUITE 1900			
		Addre	ss	
MIAMI, FLC	DRIDA 33130			
	(City/State ar	nd Zip code	
raservices@f	icoso.com			
	E-mail address: (to be used f	or future annual report notification)	
For further in	nformation concerning this matt	er, please c	all:	
LAUREN BE	ENGOCHEA at	ochea at (786) 554-9229		
Nan	ne of Person	Area Code	Daytime Telephone Number	
Regi Divi The 2415	ISTRICT ADDRESS: Istration Section Sion of Corporations Centre of Tallahassee S.N. Monroe Street, Suite 810 Shassee, FL 32303		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
	a check for the following amount theck payable to: FLORIDA DEP. ling Fee	ARTMENT Fee & □	OF STATE \$78.75 Filing Fee &	

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. J SQUARED L	TD		
(Enter name of co.," "Co.," "C	corporation; must include "INCORPORATED," 'Corp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION	11
J SQUARED L	TD CO.		
(If name unavail	able in Florida, enter alternate corporate name ad	opted for the purpose of transacting	business in Florida)
COLORADO			
(State or country	3	(FEI number, if app	nlicable)
November 14, 2	2002		
(Date	c of incorporation) 5	(Date of duration, if other than perpetual)	
6. August 14, 202		(Date of January, 11 July 11	perpendary
7. 1764 Gilpin St, E	(SEE SECTIONS 607.1501 & 607.1502 Denver, Colorado 80218 (Principal office		ZOZI TALL
	(Current mailing	address, if different)	OCT ANAS
8. Name and stree Name:	et address of Florida registered agent: (P.O. l First Corporate Solutions, Inc.	Box <u>NOT</u> acceptable)	STY AND
Office Address:	155 Office Plaza Drive		9 47
	Tallahassee	, Florida 32301	
	(City)	(Zip code)	

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation 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)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

A. DIRECTORS Jeffrey A. Benton ☐ Chairman □ Chairman Name: ____ 1764 Gilpin St □Vice Chairman Address: ☐ Vice Chairman Address: _____ Denver, Colorado 80218 **■** Director Director President □President □ Vice President _____ □Vice President □ Secretary ☐ Treasurer ☐ Secretary □Treasurer Other _____ Other ____ Other ____ Other ____ □ Chairman Name: Name: _____ □Chairman ☐Vice Chairman Address: □Vice Chairman Address: ____ Director Director □ President □President □Vice President ☐ Vice President ☐ Secretary ☐ Treasurer □ Secretary ☐ Treasurer □Other _____ □Other _____ □Other _____ Other ____ □ Chairman Name: □Chairman Name: □Vice Chairman Address: □Vice Chairman Address: _____ Director □ Director □ President □President ☐ Vice President □ Vice President ☐ Secretary ☐ Treasurer ☐ Secretary □Treasurer Other _____ □Other _____ □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. Signature of Director or Officer The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that 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. Jeffrey A. Benton

OFFICE OF THE SECRETARY OF STATE OF THE STATE OF COLORADO

CERTIFICATE OF FACT OF GOOD STANDING

I, Jena Griswold, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

J Square LTD

is a

Corporation

formed or registered on 11/14/2002 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20021315689.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 07/03/2020 that have been posted, and by documents delivered to this office electronically through 07/06/2020 @ 12:21:56.

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver, Colorado on 07/06/2020 @ 12:21:56 in accordance with applicable law. This certificate is assigned Confirmation Number 12448102



Secretary of State of the State of Colorado

*****End of Certificate****

Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Validate a Certificate page of the Secretary of State's Web site, http://www.sos.state.co.us/biz/CertificateSearchCriteria.do entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, http://www.sos.state.co.us/click "Businesses, trademarks, trade names" and select "Frequently Asked Questions."