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COVER LETTER

	Registration Section Division of Corporations					
SUBJEC	T: JRJS Holdings, L	LC				
		of Limited Liability Company				
	osed "Application by Foreign Limited Liabi , and check are submitted to register the ab					
Please re	turn all correspondence concerning this mat	ter to the following:				
	Erin Miller					
		Name of Person				
	Conroy, Conroy	& Durant, P.A	۹.			
		Firm/Company				
	2210 Vanderbilt	Beach Road,	Suite 1201			
		Address				
	Naples, Florida	34109			AUM Plus	compa
		City/State and Zip Code				ii j
	emiller@naplesp	propertylaw.co	om .	3355 7.85	-1	
	E-mail address: (to be used for future annual repo	rt notification)	71 m 2	D.K.	
For furth	er information concerning this matter, please	e call:		SIMIC SIMIC	<u>.</u>	1
	Erin Miller	_{at} 239	649-5200	\$\frac{1}{2} \tag{1} \tag{4}	3	
	Name of Contact Person	Area Code	Daytime Telephone Nur	mber		
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Fallahassee, FL 32314	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circl Tallahassee, FL 32301	e			
	d is a check for the following amour \$125.00 Filing Fee \$130.00 Filing Certificate of \$1.00 for the following amour \$1.00 for the following amount \$1.	Fee & \$155.00 Filing	•			е

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:

I. JRJS Holdings, 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. Delaware (Jurisdiction under the law of which foreign limited liability 3. IRS EIN 47-2173501 (FEI number, if applicable)
company is organized)
4. N/A
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
5. 20710 Swansway
The statement of the st
** }
6. 20710 Swansway
Deer Park IL 60010 (Mailing Address)
(Mailing Address)
7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:
David L. Brochu, President
20710 Swansway
Deer Park, IL 60010
8. Attached is an original 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. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)
Daniel Brock
Signature of an authorized person In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true 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.)
David L. Brochu

Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

	of the Limited Liabili	•					_
If unavailable	e, the alternate to be u	sed in the	state of Florida is:				
2. The name	and the Florida street	address of	f the registered agent and off	ice are:			-
	J. Thomas	Conre	oy, III		<u>.</u>	2814	
	The Markets .		(Name)		建 岩	NO V	CE:
			Beach Road, Suit	e 1201	ARY L	2014 NOV -7 PM	7
	Florida	Street Addr	ess (P.O. Box NOT ACCEPTABLE)		(e)	PH 3:	J-2
	Naples,		FL 34109		HATE AGA	3: -3	1
			City/State/Zip		,		
liability comp registered age statutes relati	eany at the place designent and agree to act in ing to the proper and cligations of my position	nated in the this capac complete pe	o accept service of process for is certificate, I hereby accept sity. I further agree to comply erformance of my duties, and ered agent as provided for in ure) Filing Fee for Application	the appointny with the pro I am familia	nent as ovisions r with a	s of all and	1
		\$ 100.00 \$ 25.00	Designation of Registered	Agent			

\$ 30.00 Certified Copy (optional)\$ 5.00 Certificate of Status (optional)

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "JRJS HOLDINGS, LLC" IS DULY FORMED

UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING

AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE

SHOW, AS OF THE THIRD DAY OF NOVEMBER, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

4427684 8300

141366125

AUTHENTACATION: 1833048

DATE: 11-03-14

You may verify this certificate online at corp.delaware.gov/authver.shtml