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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Busiliess Ethity Maille)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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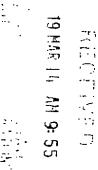
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S. PRATHE



Incorporating Services, Ltd.

1540 Glenway Drive Tallahassee, FL 32301 850.656.7956

Fax: 850.656.7953 www.Incserv.com

e-mail: accounting@incserv.com

incserv^o

ORDER FORM

TO Florida Department of State
Division of Corporations, Clifton
Building
2661 Executive Center Circle
Tallahassee, FL 32301
corphelp@dos.myflorida.com

REQUEST DATE 3/11/2019

850-245-6051

PRIORITY Routine

ORDER ENTITY

JOLT TRANSFORMATION, LLC

PLEASE PERFORM THE FOLLOWING SERVICES:

JOLT TRANSFORMATION, LLC (FL)

File the attached foreign qualification document Please provide a certified copy as evidence.

NOTES:

\$155.00 Authorized

Email address for annual report reminder: Chris@joltag.com

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

FROM

Melissa Stops
mstops@incserv.com
850.656.7953

OUR REF # (Order ID#) 727183

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

Monday, March 11, 2019 Page 1 of 1

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 HABILITY COMPANY TO TRANSACT RUSINESS. IN THE STATE OF FLORIDA:

name unavailable, enter alternate na	une adopted for the purpose of transacting business in Flo	orsda. The a	ternate name must metode "Lunned Liability Co	ompany," "LL.C," or "I	LLC.")
Delaware		3	83-3761064		
Durisdiction under the law of wa	uch foreign limited hability company is organized)		(FEI number, if a	OIS MA	**
_	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605 0905, F.S. to determ	o registration nine penalty	ilability)		
8875 Hidden River Parkway			8875 Hidden River Parkway (Mailing Address)	R 11 PH 12:	
(Street Address of F	rincipal Office)		(Mailing Address)	- Ear 23	-
Suite 300			Suite 300	2	
Tampa, Florida 33637			Tampa, Florida 33637		
Name and street addres	is of Florida registered agent: (P.O. Bo	x <u>NOT</u> :	acceptable)		
Name:	Chris Thilburg				
Office Address:	8875 Hidden River Parkway, Suite 30	00			
	Tampa (t/ay)		33637 Florida(Zip code)	_	
	(Cay)		(Zip code)		

(Registered agent's signature)

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]: Name and Address: Title or Capacity: Name and Address: Title or Capacity: Chris Thilburg JOLT Advantage Group, Inc. Manager Name: Manager 8875 Hidden River Parkway 8875 Hidden River Parkway Member Member Address: ■ Member Address: Suite 300 Suite 300 Authorized Authorized Tampa, Florida 33637 Tampa, Florida 33637 Person Person Other Other_ Other_ Other____ Name: Xuan Liao Joel Thilburg Name: ___ Manager Manager 8875 Hidden River Parkway 8875 Hidden River Parkway Member Address: Member Address: Suite 300 Suite 300 Authorized ■Authorized Tampa, Florida 33637 Tampa, Florida 33637 Person Person Officer Officer Other_ Other Other Other_____ Manager Manager Manager Member Member Address: ______ Authorized Authorized Person Person Other____ Other_ Other Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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. Chris Thilburg

Typed or printed name of signee

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "JOLT TRANSFORMATION, 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 FIFTH DAY OF MARCH, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "JOLT TRANSFORMATION, LLC" WAS FORMED ON THE TWENTY-SIXTH DAY OF FEBRUARY, A.D. 2019.

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

Authentication: 202378163

Date: 03-05-19