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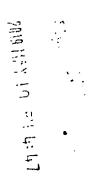
(Re	equestor's Name)	
(Ac	ldress)	
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(Ci	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nam	e)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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B KINSEY MAY 1 6 2019

COVER LETTER

Registration Section Division of Corporations

TO:

	JSR REAL ESTATE	HOLDINGS, LLC			
SUBJECT:	-	Name of Limi	ted Liability (Company	
The enclosed Existence, and	"Application by Foreig d check are submitted to	n Limited Liability Company o register the above referenced	for Authoriza I foreign limi	ation to Transact Business in Florida," ted liability company to transact busin	Certificate of less in Florida.
Please return	all correspondence con	cerning this matter to the follo	owing:		
	STEVEN F. PES	SOA			
		Name	of Person		
	COHEN PESSO	A LAW GROUP PLLC			
		Firm/C	Company		
	14361 COMMER	RCE WAY, SUITE 307			
		Ad	ldress		
	MIAMI LAKES, F	FL 33016			
		City/State a	and Zip Code		
	_	NPESSOALAW.COM			
	F	-mail address: (to be used for	future annual	report notification)	
For further in	formation concerning th	nis matter, please call:			
STE	EVEN F. PESSOA	at	786 (452-9890	
- 	Name of C	Contact Person	Area Code	Daytime Telephone Number	
Divi Regi P.O.	ILING ADDRESS: sion of Corporations istration Section Box 6327 ahassee, FL 32314			STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	
Pleas		to: FLORIDA DEPARTME			
	\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status		Filing Fee & U \$160.00 Filing I ed Copy of Status & Cert	

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

IN COMPLANCE WITH SECTION 605 0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANYTOTRANSACT BUSINESS IN THE STATE OF FLORIDA:

·	name adopted for the purpose of transacting business in Flor	all. The absence come must include "Limited Lighth	S Commans ""I I C " or "I I C
	taine adopted for the purpose of transacting business in citi		y Company, Deve, or this
ALABAMA		46-3316568 3. (Fill number,	
(Jurisdiction under the law of w	high foreign limited liability company is organized)	(FEI mumber,	(l'applicable)
	(Date first transacted business in Flonda, if prior to r (See sections 605 0903 & 605 0905, F.S. to determin	egistration)	_
3376 Peachtree Rd		3376 Peachtree Rd NE #3	
(Street Address of	Principal Office)	6. (Mailing Address)
Atlanta, GA 30326		Atlanta, GA 30326	
			99.00 FG 77
Name and street address	ss of Florida registered agent: (P.O. Box	NOT acceptable)	
			5
Name:	Cohen Pessoa Law Group, PLLC		:1
Name: Office Address:	· ·		

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)

Manager Name: J. Stewart Roberts Manager Name: Manager Name: Manager Address: Mathorized Mathorized Mathorized Mathorized Manager Mathorized Manager Mathorized Manager Mathorized Manager Mathorized Manager Mathorized Manager Mathorized Manager Mathorized Mathorized	Title or Capacity:	Name and Address:	Title or Canacit	ty: Name and Address:
Member Address: Authorized Atlanta, GA 30326 Authorized Authorized Authorized Person Person Other	Manager	Name: J. Stewart Roberts	Manager	· -
Authorized	Member	Address: 3378 Peachtree Rd NE #35A	Member	
Other	Authorized	Atlanta, GA 30326	☐ Authorized	
Manager Name: Manager Name: Member Address: Member Address: Member Address: Member Address: Member Address: Other Ot	Person		Person	
Manager Name: Manager Name: Address: Authorized Person Person Other Ot	Other	Other	-	Other
Member Address:	Manager	Name:	☐ Manager	Name:
Authorized Person Other	Member	Address:	_	
Other Other Other Other Other Other Other Manager Name: Manager Name: Manager Name: Member Address: Member Address: Mathorized Authorized Authorized Person Person Other Other Other Other Other Other Authorized individuals may be added to the index when filing your Plorida Department of State Annual Report form. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the unstaliction 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.817.135, F.S.	Authorized		Authorized	
Manager Name:	Person		Person	
Member Address: Member Address: Authorized Authorized Authorized Authorized Authorized Authorized Authorized Other O	Other	Other	Other	Other
Member Address: Member Address: Authorized Authorized Authorized Person Person Person Person Other Other	Manager	Name:	☐ Manager	Name:
Person Person Other Other	Member	Address:	☐ Member	
Other Other Other Other Other Other Other mportant Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non- ndexed individuals may be added to the index when filing your Florida Department of State Annual Report form. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the urisdiction 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.	Authorized		☐ Authorized	
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John H. Merrill Secretary of State P.O. Box 5616 Montgomery, AL 36103-5616

STATE OF ALABAMA

I, John H. Merrill, Secretary of State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that

the entity records on file in this office disclose that JSR Real Estate Holdings, LLC was formed in Lee County, Alabama on July 19, 2013. The Alabama Entity Identification number for this entity is 282-872. I further certify that the records do not disclose that said entity has been dissolved, cancelled or terminated.



20190430000021530

In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the city of Montgomery, on this day.

04/30/2019

Date

X2. Muill

John H. Merrill

Secretary of State