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Florida Department of State
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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : THE SKEEN LAW GROUP, P.A.
Account Number : I20160000054
Phone : (954)300-1529
Fax Number : (954)374-9841

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

Email Address: para.legal@skreenlawoffice.com

Foreign Limited Liability Company
JNS Partners LLC

Certificate of Status	0
Certified Copy	0
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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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H250000367643

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JNS Partners 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:

Richard L Skeen

Name of Person

The Skeen Law Group, P. A.

Firm/Company

2450 Hollywood Blvd., Suite 105

Address

Hollywood, FL 33020

City/State and Zip Code

paralegal@skeenlawoffice.com

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

For further information concerning this matter, please call:

Richard L Skeen

954 300-1529
at ()
Area Code Daytime Telephone Number

Name of Contact Person

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

H250000367643

**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:

1. JNS Partners 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 3. 33-3136590
(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. 615 Pine Lake Dr.
(Street Address of Principal Office)

6. 615 Pine Lake Dr.
(Mailing Address)

Delray Beach, FL 33445

Delray Beach, FL 33445

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: The Skeen Law Group, P.A.

Office Address: 2450 Hollywood Blvd., Ste 105

Hollywood, Florida 33020
(City) (Zip code)

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.

[Signature]
(Registered agent's signature)

2009 FEB 13 AM 11:41

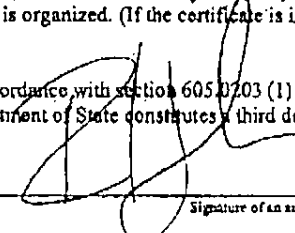
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage (up to six (6) total):

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
☒ Manager	Name: <u>Juan Padron</u>	☐ Manager	Name: _____
☐ Member	Address: <u>615 Pine Lake Dr.</u>	☐ Member	Address: _____
☐ Authorized	<u>Delray Beach, FL 33445</u>	☐ Authorized	_____
Person	_____	Person	_____
☐ Other _____	☐ Other _____	☐ Other _____	☐ Other _____
☒ Manager	Name: <u>Sylvia Oliva-Padron</u>	☐ Manager	Name: _____
☐ Member	Address: <u>615 Pine Lake Dr.</u>	☐ Member	Address: _____
☐ Authorized	<u>Delray Beach, FL 33445</u>	☐ Authorized	_____
Person	_____	Person	_____
☐ Other _____	☐ Other _____	☐ Other _____	☐ Other _____
☐ Manager	Name: _____	☐ Manager	Name: _____
☐ Member	Address: _____	☐ Member	Address: _____
☐ Authorized	_____	☐ Authorized	_____
Person	_____	Person	_____
☐ 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.

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.



Richard L. Skeen, Esq

Signature of an authorized person

Typed or printed name of signer

Delaware

The First State

Page 1

I, CHARUNI P. SANCHEZ, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "JNS PARTNERS 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 THIRTIETH DAY OF JANUARY, A.D. 2025.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID "JNS
PARTNERS LLC" IS A SERIES LIMITED LIABILITY COMPANY.



7689824 8300E

SR# 20250322181

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

A handwritten signature in black ink that reads "C. P. Sanchez". The signature is written in a cursive style.

Charuni P. Sanchez, Secretary of State

Authentication: 202825242

Date: 01-30-25