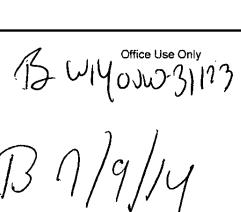
F14000002921

(1	Requestor's Name)	
(Address)	
(Address)	
(1	City/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(1	Business Entity Na	me)
(1	Document Number)	
Certified Copies	Certificate	s of Status
Special Instructions	to Filing Officer:	
	·	
		· .



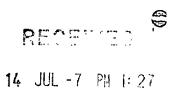


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FLORIDA DEPARTMENT OF STATE Division of Corporations ALLAHASSEE, 71 - 1900A

May 16, 2014

JOSH POOLE JNP CORPORATION 4400 118TH AVENUE N STE 305 CLEARWATER, FL 33762

SUBJECT: JNP CORPORATION Ref. Number: W14000031173

We have received your document for JNP CORPORATION and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The certificate of existence must be issued within the last 90 days by the Secretary of State which has custody of the records in the jurisdiction under the laws of which the above listed entity is incorporated/organized.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tyrone Scott
Regulatory Specialist II
New Filings Section

Letter Number: 914A00010606

COVER LETTER

	Filing Sectio					
SUBJECT:	JNP C	orporatio	n			
		Name o	of corporation	on - must	include suffix	
Dear Sir or M	adam:					
"Certificate of	f Existence.		of Good St	anding" a	ind check are sub	ct Business in Florida." mitted to register the
Please return	all correspoi	ndence concerni	ng this matt	er to the	following:	
Josh Po	ole					
			Name o	f Person		
JNP Co	rporation	on		·····		
			Firm/Co	mpany		
4400 11	8th Ave	enue N S				
			Add	dress		
Clearwa	ater, FL	33762				
			City/State	and Zip	code	
poolejos	h1@gm					
		E-mail address	: (to be use	d tor tutu	re annual report i	notification)
For further in	formation co	oncerning this n	atter, pleas	e call:		
Josh Po	ole		727	51	14-6028	
	e of Person		at (Are) a Code &	Daytime Teleph	one Number
(4aiii	e of reison		7110	u cout c	isayame releph	one (valloe)
New Divis Clifto 2661 Talla	Filing Section of Corporation Building Executive Control of the Executi	Center Circle 32301			MAILING A New Filing Se Division of Co P.O. Box 632 Tallahassee, F	ection orporations 7
Enclosed is a	check for th	e following am	ount:			
S \$70.00 Fi	ling Fee	S78.75 Filin Certificate			75 Filing Fee & fied Copy	S87.50 Filing Fee. Certificate of Status &

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.

Delaware		ne adopted for the purpose of transacting business in Florida $90-1040345$
	under the law of which it is incorporated)	(FEI number, if applicable)
January :	2, 2014	, Perpetual
	of incorporation)	(Duration: Year corp. will cease to exist or "perpetual"
May 1, 2	014	
		is in Florida, if prior to registration) 7,1502, F.S., to determine penalty liability)
4400 1181	th Avenue N, Suite 305;	
	(Principal office a	address)
4400 118t	h Avenue N, Suite 305; C	learwater, FL 33762
	(Current mailing a	iddress)
Manager	ment Company	
(Purpose(s) of corporation authorized in home state or	country to be carried out in state of Florida)
Name and street	et address of Florida registered agent: (P.O. Box NOT acceptable)
Name:	CT Corporation System	m
Tice Address:	1200 South Pine Island	d Rd
	Plantation	. Florida 33324

10. Registered agent's acceptance:

JNP Corporation

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.

Maria Ozaeta
Vice President

(Registered agent's signature)

11. 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.

型。 Sam	ies and business addresses of officers and or directors:		
	ECTÒRS		
Chairman	Josh Poole		
Address:	4400 118th Avenue N Ste 305		
	Clearwater, FL 33762		
Vice Cha	mian		
			·

Director			
Director:			
			(34
	·	₹2: 	<u></u> Σε•
B. OFF			2 %
	Josh Poole	7	
Address.	4400 118th Avenue N Ste 305	- 	
Audress	Cleanwater Fl 33762		
Vica Pra	sideni		T.H.
	NOTE TO A STATE OF THE STATE OF		
Audiess			
Secretary			
•			
	:1	·	-
			
	: If necessary, you may attach an addendam to the applications listing additional officers and or direc	lives	-
13		,	
	Signature of Director or Officer leer or directors signing this document (and who is listed in number 12 above) affirms that the facts st	and by	
are true	and that he or she is aware that false information submitted in a document to the Department of Stat	बारच गर द दलानाः	ititles
10	degree felony as provided for in \$.817 155.4 %. Osh Poole		
14 30	(1) ped or printed name and capacity of person signing application)		********

Delaware

PAGE 1

The First State

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

DELAWARE, DO HEREBY CERTIFY "JNP CORPORATION" IS DULY

INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN

GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE

RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-SEVENTH DAY OF

JUNE, A.D. 2014.

5459607 8300

140892327

AUTHENTY CATION: 1494594

DATE: 06-27-14

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