Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H17000056006 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

٦	`^	٠
٠,	v	

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone : (307)200-2803

Fax Number

: (855)330-1010

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

e 2 1			
Emali	Address:		

FOREIGN PROFIT/NONPROFIT CORPORATION

JR Partners, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

---- MAR O 1 - 2017

S. YOUNG

Electronic Filing Menu Corporate Filing Menu

Help

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

JR Partners, Inc	·		
(Enter name of c "Inc.," "Co.," "C	orporation; must include "INCORPORATED," "CCorp," "Inc," "Co," or "Corp.")	MPANY," "CORPORATION."	
Rhode Island	ble in Florida, enter alternate corporate name adopte n/a		
06/13/2001	y under the law of which it is incorporated)		
(Date Upon Qualificat	of incorporation)	(Date of duration, if other than perpetua	al)
One Richmond Se	(Date first transacted business in Flori (SEE SECTIONS 607.1501 & 607.1502, F quare Suite 330d, Providence, RI 02906	S., to determine penalty liability)	
One Richmond Se	(Date first transacted business in Flori (SEE SECTIONS 607.1501 & 607.1502, Figuare Suite 330d, Providence, RI 02906	S., to determine penalty liability)	17
One Richmond Se	(SEE SECTIONS 607.1501 & 607.1502, Figure Suite 330d, Providence, RI 02906	S., to determine penalty liability) ice address)	17 FEB 28
One Richmond So	(Date first transacted business in Flori (SEE SECTIONS 607.1501 & 607.1502, F quare Suite 330d, Providence, RI 02906 (Principal off	S., to determine penalty liability) ice address) ress, if different)	28
One Richmond So	(SEE SECTIONS 607.1501 & 607.1502, F quare Suite 330d, Providence, RI 02906 (Principal off	S., to determine penalty liability) ice address) ress, if different) c. NOT acceptable)	28 AM
One Richmond So	(SEE SECTIONS 607.1501 & 607.1502, Figure Suite 330d, Providence, RI 02906 (Principal off (Current mailing add t address of Florida registered agent: (P.O. Box	S., to determine penalty liability) ice address) ress, if different) c. NOT acceptable)	28
One Richmond So Name and street Name:	(SEE SECTIONS 607.1501 & 607.1502, Figure Suite 330d, Providence, R1 02906 (Principal off (Current mailing add taddress of Florida registered agent: (P.O. Both NORTHWEST REGISTERED AGENT LLC)	S., to determine penalty liability) ice address) ress, if different) (NOT acceptable)	28 AH 9: 1

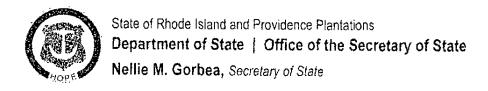
9. Registered agent's acceptance:

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.

Tom Glover/Manager/Northwest Registered Agent LLC (Registered agent's signature)

10. 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.

11. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: Address: _____ Vice Chairman: Address: _____ Joseph Wein Director: One Richmond Square Suite 330d, Providence, RI 02906 Address: Director: _____ Address: **B. OFFICERS** Joseph Wein President: One Richmond Square Suite 330d, Providence, RI 02906 Address: _ Vice President: Address: Joseph Wein Secretary: One Richmond Square Suite 330d, Providence, RI 02906 Address: Joseph Wein Treasurer: One Richmond Square Suite 330d, Providence, RI 02906 Address: ____ NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. Signature of Director or Officer The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that 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. Joseph Wein, President



Certification Number: 17020045710

The office of the Secretary of State of the State of Rhode Island and Providence Plantations, HEREBY CERTIFIES, that

JR Partners, Inc.

a Rhode Island corporation, filed original articles of incorporation in this office on

June 13, 2001

Effective

June 13, 2001

IT IS FURTHER CERTIFIED that as of this date said corporation is duly organized and existing under and by virtue of the State of Rhode Island.

SIGNED AND SEALED ON

Monday, February 20, 2017

Tulli U. Horler

Secretary of State

Authorized Agent

STAND AND AROUND THE OF THE PROPERTY OF THE PR

TT FEB 28 AM O. I.