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(R	equestor's Name)			
(A	ddress)			
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(C	ity/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(B ₁	usiness Entity Nam	ne)		
(D	ocument Number)			
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COVER LETTER

	Registration Section Division of Corporations			
	JARROXS INVESTMENTS LIMITED	CORPORA	TION	
SUBJE	CCT: Name of corpora	tion - must	include suffix	
	Nume of corpora	cion musi	merade sarrix	
Dear Si	r or Madam:			
"Certific	losed "Application by Foreign Corporation cate of Existence," or "Certificate of Good eferenced foreign corporation to transact but	Standing" :	and check are subr	
Please r Pam Eco	eturn all correspondence concerning this m	atter to the	following:	
	Name	of Person	_	
Ecclesto	on International Tax			
	Firm/0	Company		
209 Palr	netto Street, Suite # 1			
	A	ddress		
Auburno	date, FL 33823			
	City/Sta	ite and Zip	code	
into@ec	celeston.tax			
	E-mail address: (to be u	sed for futu	ire annual report n	otification)
For furt	her information concerning this matter, plea	ase call:		
Pam Eco	cleston 407	530	0124	
	Name of Person Area	Code	Daytime Teleph	one Number
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		MAILING AI Registration Se Division of Co P.O. Box 6327 Tallahassee, FI	ection rporations
Enclose	ed is a check for the following amount:			
□ \$70.	.00 Filing Fee \$ \$78.75 Filing Fee & Certificate of Status		75 Filing Fee & fied Copy	□ \$87.50 Filing Fee, Certificate of Status & Certified Copy

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.

(If name unavaila	able in Florida, enter alternate corporate name a	dopted for the purpose of transacting business in Florida)
United Kingdon	~ · · · · · · · · · · · · · · · · · · ·	98-1421082
09/06/2017	y under the law of which it is incorporated) 5	(FEI number, if applicable)
(Date	of incorporation) 5.	(Date of duration, if other than perpetual)
November 2017		
Jarroxs Investme	nts Limited, Building 15, Gateway 1000, Stever	<u> </u>
Jarroxs Investme	nts Limited, Building 15, Gateway 1000, Stever	• • •
·	(Current mailin	al office address) g address, if different)
·	nts Limited, Building 15, Gateway 1000, Stever	al office address) g address, if different)
. Name and stre	(Princip.) (Current mailing tanddress of Florida registered agent: (P.C.)	al office address) g address, if different) g. Box NOT acceptable)
. Name and streed Name:	(Princip. (Current mailing taddress of Florida registered agent: (P.C.) (Eccleston International Tax	al office address) g address, if different) A Box NOT acceptable)

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.

(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: JOHN HEAD Address: 33 TRING ROAD DUNSTABLE BEOFORDSHIRE LUG 2PX Address: 33 TEING ROAD, DONGTARLE BOSFORDSHIPE UPITED B. OFFICERS President: Vice President: Secretary: Treasurer: 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. 13. KOBIN JOHN HEAD, DIRECTOR (Typed or printed name and capacity of person signing application)



Confirmation Statement

Company Name:

JARROXS INVESTMENTS LIMITED

Company Number: 10947894

Received for filing in Electronic Format on the: 16/04/2018

Company Name:

JARROXS INVESTMENTS LIMITED

Company Number:

10947894

Confirmation

16/04/2018

Statement date:

Confirmation Statement						
I confirm that all information required to be delivered by the company to the registrar in relation to the confirmation period concerned either has been delivered or is being delivered at the same time as the confirmation statement						

Authorisation

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This form was authorised by one of the following:

Director, Secretary, Person Authorised, Charity Commission Receiver and Manager, CIC Manager, Judicial Factor



CERTIFICATE OF INCORPORATION OF A PRIVATE LIMITED COMPANY

Company Number 10947894

The Registrar of Companies for England and Wales, hereby certifies that

JARROXS INVESTMENTS LIMITED

is this day incorporated under the Companies Act 2006 as a private company, that the company is limited by shares, and the situation of its registered office is in England and Wales.

Given at Companies House, Cardiff, on 6th September 2017.

The above information was communicated by electronic means and authenticated by the Registrar of Companies under section 1115 of the Companies Act 2006



