# Fa000000435a

(Requestor's Name)				
(Address)				
(Address)				
(Cit	ty/State/Zip/Phon	e #)		
PICK-UP	MAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				
,				

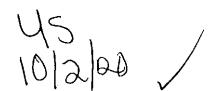




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No



## **COVER LETTER**

	ion of Corporations					
SUBJECT:	JRS Capital Management Corporation					
Name of corporation - must include suffix						
Dear Sir or M	ladam:					
"Certificate o		of Good Stan	Authorization to Transact Business iding" and check are submitted to ress in Florida.			
Please return	all correspondence concernir	g this matter	to the following:			
Zachary J. Gla	ser					
		Name of	Person	_		
Bennett, Jacob	s & Adams, P.A.					
		Firm/Com	npany	F-4		
1925 East 2nd	Avenue					
<del> </del>		Addre	ess			
Tampa, FL 33	605					
		City/State a	nd Zip code			
zglaser@bja-la	w.com					
	E-mail address:	(to be used f	for future annual report notification	)		
For further in	formation concerning this ma	atter, please c	rall:			
Zachary J. Glas	ser	813	272-1400			
Nam	e of Person	Area Cod	e Daytime Telephone Numl	per		
Regis Divis The C 2415	EET/COURIER ADDRESS tration Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 hassee, FL 32303	i:	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			
	check for the following amore teck payable to: <b>FLORIDA DE</b> ing Fee <b>Told State</b> \$78.75 Filing Certificate of	PARTMENT Fee & - E	☐ \$78.75 Filing Fee & ☐ \$87. Certified Copy Cert	50 Filing Fee. ificate of Status & ified Copy		

ocVenty ID: 216169D1-FF14-4D68-8CFF-16BAAC6EEB

# 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.

	•	dopted for the purpose of transacting business in Florida)	
$\frac{\text{Utah}}{\text{(State or country under the law of which it is incorporated)}} 3. \frac{4}{\text{(State or country under the law of which it is incorporated)}}$		46-4746345	
	y under the law of which it is incorporated)	(FEI number, if applicable)	
4. <u>02/06/2014</u>	5	(Date of duration, if other than perpetual)	
(Date	of incorporation)	(Date of duration, if other than perpetual)	
6. <u> </u>	(Date first transacted business in USEE SECTIONS 607 1501 & 607 150		
	(SEE SECTIONS 607.1501 & 607.150	Florida, if prior to registration)  2. F.S., to determine penalty liability)	
458 West Cornfiel	ld Circle, Kaysville, UT 84037		
/· <u></u>	(Principal office	e <u>street</u> address)	
	(Current mailing	address, if different)	
	t address of Florida registered agent: (P.O.	Box NOT acceptable)	
8. Name and stree			
	Zachary J. Glaser	₹\$	
Name:	<u> </u>	<u></u>	
Name:	1925 East 2nd Avenue		
Name:	1925 East 2nd Avenue		
Name:	1925 East 2nd Avenue	, Florida 33605(Zip code)	
Name: Office Address:	Tampa (City)		
Name: Office Address; O. Registered age Having been nam	1925 East 2nd Avenue  Tampa  (City)  ent's acceptance:  ed as registered agent and to accept service	. Florida 33605 (Zip code)  e of process for the above stated corporation at the place	
Name: Office Address:  O. Registered age Having been nam designated in this	1925 East 2nd Avenue  Tampa  (City)  ent's acceptance: ed as registered agent and to accept service application, I hereby accept the appointment	. Florida 33605 (Zip code)  e of process for the above stated corporation at the place ent as registered agent and agree to act in this capacity.	
Name: Office Address: O. Registered age Having been nam designated in this further agree to co	1925 East 2nd Avenue  Tampa  (City)  ent's acceptance:  ed as registered agent and to accept service application, I hereby accept the appointment omply with the provisions of all statutes rei		
Name: Office Address:  O. Registered age Having been nam designated in this further agree to co	1925 East 2nd Avenue  Tampa  (City)  ent's acceptance: ed as registered agent and to accept service application, I hereby accept the appointment	. Florida 33605 Florida 23605 (Zip code)  e of process for the above stated corporation at the place ent as registered agent and agree to act in this capacity. lative to the proper and complete performance of my duti	
Name: Office Address:  O. Registered age Having been nam designated in this further agree to co	1925 East 2nd Avenue  Tampa  (City)  ent's acceptance:  ed as registered agent and to accept service application, I hereby accept the appointment omply with the provisions of all statutes rei	. Florida 33605 Florida 33605 (Zip code)  e of process for the above stated corporation at the place ent as registered agent and agree to act in this capacity. lative to the proper and complete performance of my dut	

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction

DocVedty ID: 216169D1-FF14-4D68-8CFF-1684-AC6FFR00

under the law of which it is incorporated.

A. DIRECTORS							
□Chairman	Name:	☐ Chairman	Name:				
□Vice Chairman	Address: 458 West Cornfield Circle	□Vice Chairman	Address:				
Director	Kaysville, UT 84037	□Director					
<b>■</b> President		□President					
□Vice President		□Vice President					
☐ Secretary	□Treasurer	☐ Secretary	□Treasurer				
□Other	Other	Other	Other				
□ Chairman	Name:	□Chairman	Name:				
□ Vice Chairman	Address:	□ Vice Chairman	Address:				
□Director		□Director					
□President		□President					
□Vice President		□Vice President					
☐ Secretary	□Treasurer	☐ Secretary	Treasurer				
□Other	Other	Other	Other				
□Chairman	Name:	□ Chairman	Name:				
□Vice Chairman	Address:	□Vice Chairman	Address:				
□Director		□Director					
□President		□President					
□Vice President		□ Vice President					
☐ Secretary	□Treasurer	☐ Secretary	□Treasurer				
□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.							
12. Jeremy Stringh							
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.  Jeremy Ryan Stringham, President							
(Typed or printed name and capacity of person signing application)							

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#### **Utah Department of Commerce**

#### Division of Corporations & Commercial Code

160 East 300 South, 2nd Floor, PO Box 146705 Salt Lake City, UT 84114-6705 Service Center: (801) 530-4849 Toll Free: (877) 526-3994 Utah Residents Fax: (801) 530-6438

Web Site: http://www.commerce.utah.gov

09/09/2020 8924679-014209092020-988805

### CERTIFICATE OF EXISTENCE

Registration Number:

8924679-0142

**Business Name:** 

JRS CAPITAL MANAGEMENT CORPORATION

Registered Date:

February 06, 2014

**Entity Type:** 

Corporation - Domestic - Profit

Status:

Current

The Division of Corporations and Commercial Code of the State of Utah, custodian of the records of business registrations, certifies that the business entity on this certificate is authorized to transact business and was duly registered under the laws of the State of Utah. The Division also certifies that this entity has paid all fees and penalties owed to this state; its most recent annual report has been filed by the Division (unless Delinquent); and, that Articles of Dissolution have not been filed.



Jason Sterzer

Director

Division of Corporations and Commercial Code