F2000005376

		
(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	= #)
PICK-UP	WAIT	MAIL
	siness Entity Nan	ne)
00)	Siliess Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filina Officer:	
		

Office Use Only



800355579438

11/24/20--01019--004 **70.00

12/3/20

COVER LETTER

TO:	Registration Section Division of Corporat	ions				
	JST System					
SUBJ	ECT:					
		Name of corporati	on - mus	st include suffix		
Dear S	ir or Madam:					
"Certif	icate of Existence," or	y Foreign Corporation for "Certificate of Good Stoporation to transact busing the contract of	anding''	and check are sub-		
	return all corresponde Freeman	nce concerning this mat	ter to the	e following:		•
		Nome -	of Perso	<u> </u>		 -;
JST S	Systems, LLC	name (n reiso	f)		, <u>.</u>
		Firm/Co	ompany	 -		. ~
152 V	V 57th St., 24th Fl		1 3			
•	<u> </u>	Ad	dress			-
New	York, NY 10019					
		City/State	and Zij	code		
sfree	man@jstcap.com					
	E	-mail address: (to be use	d for fut	ure annual report n	otification)	
		·		·	,	
For tu	ther information conc	erning this matter, pleas	e call:			
Scott	: Freeman					
		at () _			_
	Name of Person	Area C	ode	Daytime Teleph	none Number	
	STREET/COURIE	R ADDRESS:		MAILING A		
Registration Section		Registration Section				
Division of Corporations The Centre of Tallahassee		Division of Corporations P.O. Box 6327				
2415 N. Monroe Street, Suite 810			Tallahassee, FL 32314			
	Tallahassee, FL 323			rananassee, r	6 52514	
	sed is a check for the f	ollowing amount: FLORIDA DEPARTME	እግ ለድፍ	TRATE		
		\$78.75 Filing Fee &		.75 Filing Fee &	□ \$87.50 Filir	ng Fee.
— \$70		Certificate of Status		tified Copy	Certificate Certified C	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	able in Florida, enter alternate corporate name3.	82-3955309	
(State or countr 03/06/2018	y under the law of which it is incorporated) 5.	(FEI number, if applicable	
(Date 10/19/2020	of incorporation)	(Date of duration, if other than per	rpetual)
350 Springfield A	(Date first transacted business in	n Florida, if prior to registration) 502, F.S., to determine penalty liability)	
	(Principal off 4th Floor New York, NY 10019	ce <u>street</u> address)	
			
	(Current mailir	g address, if different)	
	(Current mailir et address of Florida registered agent: (P.C Chris Hermida		= -
Name:	at address of Florida registered agent: (P.C		
Name:	ct address of Florida registered agent: (P.C. Chris Hermida 16411 SW 78th Ave	D. Box <u>NOT</u> acceptable) ————————————————————————————————————	
Name:	ct address of Florida registered agent: (P.C. Chris Hermida 16411 SW 78th Ave	D. Box <u>NOT</u> acceptable)	
Name: ffice Address: Registered age laving been nam esignated in this arther agree to c	ct address of Florida registered agent: (P.C. Chris Hermida 16411 SW 78th Ave	33157, Florida(Zip code) ce of process for the above stated corponent as registered agent and agree to a celative to the proper and complete perfe	ct in this capac
Name: Office Address: Registered age Iaving been nam esignated in this urther agree to c	Chris Hermida 16411 SW 78th Ave Miami (City) ent's acceptance: ed as registered agent and to accept service application. I hereby accept the appointment of all statutes resistered agent and statutes resistered agent a	33157, Florida(Zip code) ce of process for the above stated corponent as registered agent and agree to a celative to the proper and complete perfe	ct in this capac

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.

A. DIRECTORS	Scott Freeman		Todd Morakis			
⊡Chaiπnan	Name: 440 West End Avenue	□Chairman	Name:			
□Vice Chairman	Address:	□Vice Chairman	Address:			
Director	New York, NY 10024	Director	Unit 10-51, Singapore, 266225			
□President		□President	Singapore			
□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.						
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 of she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in \$817.155. F.S.						

s.817.155, F.S. Scott Freeman

STATE OF NEW JERSEY DEPARTMENT OF THE TREASURY DIVISION OF REVENUE AND ENTERPRISE SERVICES SHORT FORM STANDING

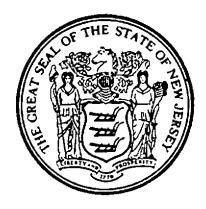
JST CAPITAL LLC 0450347086

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named Delaware Foreign Limited Liability Company was registered by this office on February 05, 2019.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

JOSEPH RUSSO 83 PINE ST. CHATHAM, NJ 07928



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 21st day of September, 2020

dans A Mun

Elizabeth Maher Muoio State Treasurer

Cert.ficate Number : 6111245448

Ver.fy this cert.ficate online at

https://www1.state.rj.us/TYTR_StandingCert/JSP/Ver.fy_Cert.jsp