## F210003049

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
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## **COVER LETTER**

TO: Registration Section Division of Corporations			
SUBJECT: JULES ENT	ERPRISE	GROUP, INC	D
Na	me of corporation	must include suffix	
Dear Sir or Madam:			
The enclosed "Application by Foreig "Certificate of Existence," or "Certifiabove referenced foreign corporation	icate of Good Stand	ing" and check are sub	ct Business in Florida," mitted to register the
Please return all correspondence cond	cerning this matter t	to the following:	
	Name of P		20
JULES ENTERPRIS	E GROUP	, INC.	21
	Firm/Comp	•	
1560 SAWGRASS C	ORPORAT	E PARKWA	Y, 4TH FLOOR!
CLINIDICE EL 3330	Addres	5 <b>\$</b>	PH 2
SUNRISE, FL 33323	City/State an	d Zin code	<u> </u>
gina.jules@anucorx.co	_	d Zip code	F. 8
		or future annual report i	notification)
For further information concerning the	nis matter, please ca	ill:	
Gina Jules	at (954	, 309-8930	
Name of Person	Area Code	<u> </u>	hone Number
STREET/COURIER ADDI Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite Tallahassee, FL 32303		MAILING A Registration S Division of C P.O. Box 632 Tallahassee, I	Section orporations 7
Enclosed is a check for the following Please make check payable to: FLORID	A DEPARTMENT	OF STATE \$78.75 Filing Fee &	☑ \$87.50 Filing Fee,
<b>~</b>	Filing Fee &  cate of Status	Certified Copy	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.

Delawar	•	adopted for the purpose of transacting business in Florida) 81-2463074
·	y under the law of which it is incorporated)	(FEI number, if applicable)  Perpetual
·	of incorporation)	(Date of duration, if other than perpetual)
1560 Sav	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.15  vgrass Corporate Parkwa	i02, F.S., to determine penalty liability)
1560 Sav	vgrass Corporate Parkway	ce street address) 4th Floor Surise FL 33323
		2
Name and street Name:	et address of Florida registered agent: (P.O Registered Agents Inc.	. Box NOT acceptable)
office Address:	7901 4th St N STE 300	
ince Address:	St. Petersburg	, Florida 33702 (Zip code)
office Address:	/O'. \	(Zip code)
	(City) ent's acceptance:	

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	_		_,			
Chairman	Name: Gina Jules	Chairman	Name: Gina Jules			
□Vice Chairman	Address:	□Vice Chairman	Address:			
□Director	1560 Sawgrass Corporate Parkway 4th Floor	<b>∄</b> Director	1560 Sawgrass Corporate Parkway 4th Floor			
☑ President	Sunrise FL 33323	President	Sunrise FL 33323			
□Vice President	<del></del>	□Vice President				
☐ Secretary	Treasurer	Secretary	□Treasurer			
Other	Other	Other	Other			
Chairman	Name: Gina Jules  Address:	□Chairman	Name: Gina Jules Address:			
Director	1560 Sawgrass Corporate Parkway 4th Floor	Director	1560 Sawgrass Corporate Parkway 4th Floor			
□President	Sunrise FL 33323	□President	Sunrise FL 33323			
□Vice President		□Vice President	一つ。			
Secretary	☐ Treasurer	Secretary	□Treasurer ~			
Other	□Other	Other	Other			
☐ Chairman	Name:	□Chairman □Vice Chairman	Name:			
_	Address.	_	Address.			
□ Director □ President		☐ Director ☐ President				
_		□ Vice President				
□ Vice President □ Secretary	□Treasurer	Secretary	☐Treasurer			
□Other	·	□Other				
Important Notice: Use an attachment to report prore 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 Dapartment of State Annual Report form.  12.  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.  Gina Jules, President						
(Typed or printed name and capacity of person signing application)						



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

DELAWARE, DO HEREBY CERTIFY "JULES ENTERPRISE GROUP, INC." 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 FOURTH DAY OF JUNE, A.D. 2021.



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SR# 20212354603

Date: 06-04-21