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DATE:

10/19/21

NAME: JUMP SHOPS INC.

TYPE OF FILING: APPLICATION

COST:

70.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

Division of Corporations				
SUBJECT: Jump Shops Inc.				
	e of corporation - m	ust include suffix		
Dear Sir or Madam:				
The enclosed "Application by Foreign C "Certificate of Existence," or "Certifica above referenced foreign corporation to	te of Good Standing	" and check are sub		
Please return all correspondence concer	ning this matter to the	he following:		
Luiggi Pera				
	Name of Pers	on		
Jump Shops Inc.				
	Firm/Company	y		تے۔ الاین
5902 Blakeford Dr				2521 07.7
	Address	 -		-1 .
Windermere, FL 34786				19
	City/State and Z	ip code		ii d
luiggi@jump.shop				
E-mail addre	ss: (to be used for fu	iture annual report n	otification)	22
For further information concerning this	matter, please call:			
Luiggi Pera	at (941)	518-6616		
Name of Person	Area Code	Daytime Teleph	one Number	-
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		ection rporations		
Enclosed is a check for the following an Please make check payable to: FLORIDA I		STATE		
\$70.00 Filing Fee	ing Fee & 🗆 \$78	8.75 Filing Fee & nified Copy	S87.50 Filin Certificate of Certified Co	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.

Jump Shops Flo	orida Inc				
	able in Florida, enter alternate corporate name a	idented for the number of tennesting	. bingg in	Florida	-
	•		g ousiness in	riorida)	
2. Delaware 3. State or country under the law of which it is incorporated) (FEI number of the law of which it is incorporated)		(FEI number, if app	har (Camplionhle)		
June 1, 2021	• ,				
4.	s of incorporation) 5.	(Date of duration, if other th		<u> </u>	-
	or incorporation)	(Date of duration, it other ti	іап регреціа	1)	
6	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.150		y)		-
7 5902 Blakeford I	Or, Windermere, FL 34786				
· ·	(Principal offic	e street address)			•
	(Current mailing	g address, if different)			
	· ·	, ,			
	•			>	
8. Name and stree	et address of Florida registered agent: (P.O.			2321	
8. Name and <u>stree</u> Name:				2321 007	; <u>;</u>
Name:	et address of Florida registered agent: (P.O.			2321 007 19	
Name:	et address of Florida registered agent: (P.O. Luiggi Pera	. Box <u>NOT</u> acceptable)		19	* 1
Name:	Luiggi Pera 14447 Bluebird Park Road			19	
Name: Office Address:	Luiggi Pera 14447 Bluebird Park Road Windermere (City)	Box NOT_acceptable), Florida	***		
Name: Office Address: O. Registered age	Luiggi Pera 14447 Bluebird Park Road Windermere (City)	Box NOT acceptable) , Florida 34786 (Zip code)	1	19 PH 1:45	
Name: Office Address: Office Address:	Luiggi Pera 14447 Bluebird Park Road Windermere (City) ent's acceptance: led as registered agent and to accept service application, I hereby accept the appointment.	Box NOT acceptable) , Florida 34786, Florida (Zip code) te of process for the above stated ent as registered agent and agree	corporation to act in th	PH 1:45 n at the phis capac	place city.
Name: Office Address: O Registered ago Having been nam designated in this further agree to co	Luiggi Pera 14447 Bluebird Park Road Windermere (City) ent's acceptance: sed as registered agent and to accept service application, I hereby accept the appointment omply with the provisions of all statutes re-	Box NOT acceptable) , Florida 34786, Florida (Zip code) te of process for the above stated ent as registered agent and agree lative to the proper and complete	corporation to act in th	PH 1:45 n at the phis capac	place city.
Name: Office Address: 9. Registered ago Having been nam designated in this further agree to co	Luiggi Pera 14447 Bluebird Park Road Windermere (City) ent's acceptance: led as registered agent and to accept service application, I hereby accept the appointment.	Box NOT acceptable) , Florida 34786, Florida (Zip code) te of process for the above stated ent as registered agent and agree lative to the proper and complete	corporation to act in th	PH 1:45 n at the phis capac	place city.
Name: Office Address: 9. Registered age Having been nam designated in this further agree to co	Luiggi Pera 14447 Bluebird Park Road Windermere (City) ent's acceptance: eed as registered agent and to accept service application, I hereby accept the appointment of the provisions of all statutes reservice with and accept the obligations of my positive applications of my positive and accept the obligations of my positive and accept the obligations of my positive ac	Box NOT acceptable) Florida 34786 (Zip code) e of process for the above stated ent as registered agent and agree lative to the proper and complete ition as registered agent.	corporation to act in th	PH 1:45 n at the phis capac	place city.
Name: Office Address: 9. Registered age Having been nam designated in this further agree to co	Luiggi Pera 14447 Bluebird Park Road Windermere (City) ent's acceptance: sed as registered agent and to accept service application, I hereby accept the appointment omply with the provisions of all statutes re-	Box NOT acceptable) Florida 34786 (Zip code) e of process for the above stated ent as registered agent and agree lative to the proper and complete ition as registered agent.	corporation to act in th	PH 1:45 n at the phis capac	place city.

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

under the law of which it is incorporated.

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

A. DIRECTORS					
□ Chairman	Name: Luiggi Pera	□Chairman	Name: Denis Engel		
□Vice Chairman	Address:	□Vice Chairman	Address:		
Director	Windermere, FL 34786	Director	Windermere,	FL 34786	
□President		□President			
□Vice President		□Vice President	 		
Secretary	☐Treasurcr	Secretary		☐Treasurer	
□ Other	Other	Other		Other	
□Chairman	Name:	□Chairman		. <u>.</u>	
Director		Director			
President		☐ President	· ———		
		□Vice President			
Secretary	□Treasurer	Secretary		□Treasurer	
Other	Other	Other		□Other	
□ Chairman	Name:	□Chairman	Name:	<u></u>	
□Vice Chairman	Address:	□Vice Chairman	Address:	9 -	
Director		□Director			
President		□President			
□Vice President		□Vice President		- T - T - T - T - T - T - T - T - T - T	
☐ Secretary	☐ Treasurer	☐ Secretary		Treasurer	
□ Other	Other	□Other		□Other	
The officer or direct	Jse an attachment to report more than six (6). The attact added to the index when filing your Florida Department Signature of Director or tor signing this document (and who is listed in number lise information submitted in a document to the Department of the Depar	nt of State Annual Re	port form.	d herein are true and that he or	



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

DELAWARE, DO HEREBY CERTIFY "JUMP SHOPS 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 NINETEENTH DAY OF OCTOBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "JUMP SHOPS INC."

WAS INCORPORATED ON THE FIRST DAY OF JUNE, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES HAVE BEEN ASSESSED TO DATE.

2921 0CT 19 PM 1:45



Authentication: 204446795

Date: 10-19-21

5961859 8300 SR# 20213548548