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PICK-UP	☐ WAIT	MAIL		
(B	usiness Entity Name)		
(Document Number)				
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2022 FEB 18 AH 8: 41 SECRETARY OF STATE FALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Jude Law LLC		
Name of corporation -	must include suffix	
Dear Sir or Madam:		
The enclosed "Application by Foreign Corporation for A "Certificate of Existence," or "Certificate of Good Stand above referenced foreign corporation to transact business.	ing" and check are submitted to register the	
Please return all correspondence concerning this matter t	o the following:	
Tamika Gra	ce Jude	
_		
Jude Lai		
,		
bb W Hag	ler St., Ste. 900-4980	
Addres	S	
Miami, FL	33130	
City/State an	•	
Intoeiudelawo	fice, com r future annual report notification)	
E-mail address: (to be used for	r future annual report notification)	
For further information concerning this matter, please ca	11:	
Tamika, G. Jude at (407	403-0139	
Name of Person Area Code	Daytime Telephone Number	
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section Division of Corporations	Registration Section Division of Corporations	
The Centre of Tallahassee	P.O. Box 6327	
2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	Tallahassee, FL 32314	
Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPARTMENT	OF STATE	
	\$78.75 Filing Fee & \$87.50 Filing Fee.	
Certificate of Status	Certified Copy Certified Copy 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. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "lnc.," "Co.," "Corp," "lnc," "Co," or "Corp.") (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) 2. New Jersey 3. (State or country under the law of which it is incorporated) (FEI number, if applicable) 4. Date of incorporation)

5. (Date of duration, if other than perpetual) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 7. 66 W fingler St. Ste 900, Miami, FL 33130
(Principal office street address) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Tam Shadrack Alize

66 W Flagler St ste. 900

Miami , Florida 33130
(Zip code) Office Address: 9. 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.

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						
□Chairmaл	Name:	□ Chairman	Name:			
	Address: lolow Flugler St	□ Vice Chairman	Address:			
□Director	Ste 900-4980	Director				
	Tamika Crace Jude	□President				
□ Vice President	Miami F1 33130	□ 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		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						

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.

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

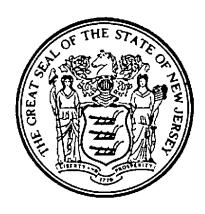
JUDE LAW LLC 0450652996

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Limited Liability Company was registered by this office on May 20, 2021.

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:

REGISTERED AGENTS, INC FIVE GREENTREE CENTRE, STE. 104 525 ROUTE 73 NORTH MARLTON, NJ 08053



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 8th day of February, 2022

den A Mun

Elizabeth Maher Muoio State Treasurer

Certificate Number: 6128235678