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(Requestor's Name)	_
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(Business Entity Name)	_
(Document Number)	—
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COVER LETTER

	FO: Registration Section Division of Corporations						
SUBJE	СΤι	JEDI ORDER LEASING COR	Р.				
0000		Name of corporation - must include suffix					
Dear Si	r or M	adam:					
"Certific	cate of	"Application by Foreign Corp Existence," or "Certificate of eed foreign corporation to tra	f Good Stand	ding" and check are submitte			
Please r	eturn a	all correspondence concerning	g this matter	to the following:			
SCOTT	VILL	ANUEVA					
			Name of I	Person			
	-		Firm/Com	pany			
1430 SC	UTH	DIXIE HIGHWAY SUITE 313					
			Addre	SS			
CORAL	. GABI	LES, FL 33146					
			City/State ar	nd Zip code			
SVILLA	ANUEV	/A@SGVLAW.COM					
		E-mail address:	(to be used f	or future annual report notifi	cation)		
For furt	her inf	formation concerning this ma	tter, please c	all:			
SCOTT VILLANUEVA		305	5796800	0800 Daytime Telephone Number			
	Name	e of Person	Area Code	Daytime Telephone	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			
	nake ch	check for the following amou eck payable to: FLORIDA DE ng Fee	PARTMENT Fee & □		\$87.50 Filing Fee, 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.

(Enter name of co	EASING CORP. orporation; must include "INCORPORATED." "Copp." "Inc." "Co." or "Corp.")	OMPANY," "CORPORATION,"		
•	ble in Florida, enter alternate corporate name adopt	ed for the purpose of transacting b	usiness in Florida)	
2. DELAWARE (State or country)	y under the law of which it is incorporated)	(FEI number, if applie	:able)	
4. FEBRUARY 17 (Date	. 2021 55.	(Date of duration, if other than perpetual)		
6			<u> </u>	
	(Date first transacted business in Flor (SEE SECTIONS 607.1501 & 607.1502, I			
7. 3411 SILVERSID	DE ROAD TATNALL BUILDING 104 WILMING			-
1430 SOUTH DI	(Principal office <u>st</u> XIE HIGHWAY SUITE 313 CORAL GABLES, F			يا صروره
8. Name and stree	(Current mailing add t address of Florida registered agent: (P.O. Bo SCOTT VILLANUEVA		NY 19 AM 8: 52	
Office Address:	4430 SOUTH DIXIE HIGHWAY SUITE 313		52 FL	
	CORAL GABLES	, Florida 33146 (Zip code)		
	(City)	(Zip code)		
designated in this further agree to co	ent's acceptance: ed as registered agent and to accept service of application, I hereby accept the appointment omply with the provisions of all statutes relati with and accept the obligations of my position (Registered agent's signation)	as registered agent and agree to the proper and complete point as registered agent.	o act in this capa	city. I

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: SCOTT VILLANUEVA	□Chairman	Name:				
□Vice Chairman	Address: 1430 south dixie highway	□Vice Chairman	Address:				
Director	Ste 313,	□Director					
□President	coral gables, fl 33146	□President					
□Vice President		□Vice President					
□Secretary	□Treasurer	Secretary		□Treasurer			
□Other	Other	□Other		Other			
□Chairman □Vice Chairman □Director	Name: DANIEL ROMERO 1430 south dixie highway Ste 313,	□Vice Chairman Addres	Address:				
■ President	coral gables, fl 33146	□President					
□Vice President		□Vice President					
Secretary	□Treasurer	Secretary		□Treasurer			
Other		□Other		Other			
□ Chairman	Name:	□Chairman					
□Vice Chairman	Address:	□Vice Chairman	Address:				
□Director		□Director		<u> </u>			
□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. 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. SCOTT VILLANUEVA, DIRECTOR							
13.							

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Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "JEDI ORDER LEASING CORP." 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 SIXTEENTH DAY OF MAY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "JEDI ORDER LEASING CORP." WAS INCORPORATED ON THE SEVENTEENTH DAY OF FEBRUARY, A.D. 2021.

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

Authentication: 203435756

Date: 05-16-22