F22000003943

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

	ACCOUNT NO.	: I20000	000195	
	REFERENCE	: 729462	8308676	
	AUTHORIZATION	:	1	
	COST LIMIT	: 7577000	Eleman	
ORDER DATE :	June 7. 2022	'ぴ - 'マ <i>-</i> '- '		
ORDER TIME :	•			
ORDER NO. :	729462-001			
CUSTOMER NO:	8308676			
			-	
FOREIGN FILINGS				
NAME:	MJ CHARTERS O	F FLORIDA	INC.	
XXXX QUALIFI	CATION (TYPE: <u>C</u>	<u>0</u>)		
PLEASE RETURN	THE FOLLOWING AS	PROOF OF	FILING:	
CERTI	FIED COPY			
XX PLAIN	STAMPED COPY FICATE OF GOOD STA	A NIDIT NICE		
	TEATE OF GOOD STA	TIDITIO		

EXAMINER:

CONTACT PERSON: Eyliena Baker -- EXT#

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.

MJ CHARTERS	S OF FLORIDA INC.			
	orporation; must include "INCORPORATED," "orp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION,	"	
	able in Florida, enter alternate corporate name add	opted for the purpose of transacting	business in Florida)	
2. Delaware				
(State or countr	y under the law of which it is incorporated)	(FEI number, if applicable)		
4. 03/17/2022	5.			
(Date	of incorporation)	(Date of duration, if other than perpetual)		
6.				
	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502		y)	
7	ood Rd., Apt 106 Jupiter, FL 33458			
110 011-1	(Principal office	street address)		
	ood Rd., Apt 106 Jupiter, FL 33458	 	202	
8. Name and stree	(Current mailing a et address of Florida registered agent: (P.O. I	address, if different) Box NOT acceptable)	2012 JUH 2 I	
Name:	Corporation Service Company		A 0	
Office Address:	1201 Hays Street		9: 32 1:44	
	Tallahassee	, Florida 32301	ယ	
	(City)	(Zip code)		

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.

Corporation Service Company

By: (Registered agent's signature)

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:	□Chairman	Name:				
□Vice Chairman	Address:	□Vice Chairman	Address:				
Director	Jupiter, FL 33458	□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	T				
□President		□President					
□Vice President		□ Vice President					
□Secretary	□Treasurer	□Secretary	ſ	□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.							
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.							
13. Michael Anthony Jennette, President							

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Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "MJ CHARTERS OF FLORIDA 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 TWENTY-THIRD DAY OF JUNE, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MJ CHARTERS OF FLORIDA INC." WAS INCORPORATED ON THE SEVENTEENTH DAY OF MARCH,

A.D. 2022.

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

Authentication: 203748842

Date: 06-23-22