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COVER LETTER

TO:	Registration S Division of C						
CHRI	IECT:		JBS INCO)RPOR/	ATED		
3000	LC1.	Nan	ne of corpora	tion - m	ust include suffix		
Dear S	Sir or Madam:						
"Certi	ficate of Exister	ration by Foreign nce," or "Certific rign corporation t	ate of Good S	Standing	horization to Transact g" and check are subm n Florida.	Busii iitted	ness in Florida." to register the
Please	return all corre	espondence conce	rning this ma	itter to t	he following:		
			YOLAND	A ROB	INSON		
r 		 -	Name	of Pers	on		
			Α	TC			₹``
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		70	0 WASHING	TON ST	. SUITE 202		. 3
Address							
			COLUM	BUS, IN	47201		
	-	<u>-</u> ,	City/Sta	te and 2	Lip code		·
				_	MAIL.COM		<u></u>
•		E-mail addr	ess: (to be us	ed for f	uture annual report no	otifica	tion)
For fu	irther information	on concerning thi	s matter, plea	ise call:			
	YOLANDA RO	BINSON	at (81:	2)	342-9589		
	Name of Per	son	Area		Daytime Teleph	one N	lumber
	Registration Division of C The Centre o	Corporations of Tallahassee oroe Street, Suite			MAILING AI Registration Se Division of Co P.O. Box 6327 Tallahassee, FI	ection rporat	ions
Please	sed is a check f make check pay 0.00 Filing Fec		DEPARTM	□ \$´	STATE 78.75 Filing Fee & ertified Copy		\$87.50 Filing Fee. Certificate of Status & Certified Copy

under the law of which it is incorporated.

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.

	RATED OF DELAWARE, INC.		
	ble in Florida, enter alternate corporate name a	• • • • • • • • • • • • • • • • • • • •	
DELAWARE	3. v under the law of which it is incorporated)	39-1857383	
HH V 26 100			
(Date	of incorporation) 5.	(Date of duration, if other tha	n perpetual)
N/A			
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.15	Florida, if prior to registration) 02, F.S., to determine penalty liability)	· · · · · · · · · · · · · · · · · · ·
3511 SILVERSI	DE RD. SUITE 105, WILMINGTON, DE 193	810	
	(Principal offic	ce <u>street</u> address)	E
	(Current mailing	g address, if different)	
			2
			` `
Name and stree	t address of Florida registered agent: (P.O	. Box NOT acceptable)	
	t address of Florida registered agent: (P.O BRADFORD SKLOW	. Box NOT acceptable)	
Name and <u>stree</u> Name:	BRADFORD SKLOW	. Box <u>NOT</u> acceptable)	
		. Box <u>NOT</u> acceptable)	7.1 3.2 4.7
Name:	BRADFORD SKLOW 4054 SW RIVERS END WAY		
Name:	BRADFORD SKLOW 4054 SW RIVERS END WAY	. Box <u>NOT</u> acceptable) Florida	*** *** **

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

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

'DocuSign Envelope ID: 3C1A5B94-EA00-4BC1-AF71-9C9825005ADA

A. DIRECTORS BRADFORD SKLOW Name: ______ Name: □Chairman □Chairman 3511 SILVERSIDE RD, STE 105 □Vice Chairman ☐Vice Chairman Address: WILMINGTON, DE 19810 **■**Director □ Director □President President □Vice President □Vice President ___ □ Treasurer ☐Treasurer □ Secretary ☐ Secretary □Other _____ □Other _____ □Other _____ ☐Other ______ Name: _____ □ Chairman ☐ Chairman □Vice Chairman Address: _____ ☐ Vice Chairman Address: □Director □Director ☐ President □ President ☐ Vice President □Vice President _____ ☐Treasurer ~? ☐ Secretary ☐ Treasurer □ Secretary □Other _____ ☐ Other □Other □Other _____ □ Chairman ☐ Chairman Name: 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 - 9538FA83C90D4D2...

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.

BRADFORD SKLOW, PRESIDENT

13.

Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "JBS INCORPORATED" 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 JANUARY, A.D. 2023.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "JBS INCORPORATED" WAS INCORPORATED ON THE TWENTY-FIFTH DAY OF JULY, A.D. 1996.

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

Authentication: 202554280

Date: 01-23-23