Division of Corporations

8/9/23, 12:59 PM

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000276655 3)))



H230002766553ABC3

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To:

Division of Corporations

Fax Number

: (850)617-6383

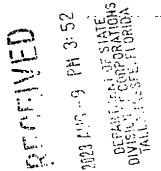
From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:		
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FOREIGN PROFIT/NONPROFIT CORPORATION JAG Rentals, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

Electronic Filing Menu Corporate Filing Menu

Help

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.

To: 18506176383

1. JAG Rentals, In	corporation; must include "INCORPORATED," "	COMPANY," "CORPORATION"		·· · ·	
"Inc.," "Co.," "C	Corp," "Inc," "Co," or "Corp.")	assument, Said Skiring,			
JAG Rentals of					
(If name unavai	lable in Florida, enter alternate corporate name ado	pted for the purpose of transacting be	usiness in Florida	<u>a)</u>	
Tennessee	3.				
(State or count. 08/03/2023	ry under the law of which it is incorporated) 5	(FEI number, if applicable) (Date of duration, if other than perpetual)			
(Date	e of incorporation)	(Date of duration, if other than	perpetual)		
5	(Date first transacted business in FI (SEE SECTIONS 607.1501 & 607.1502, E 300 St. Petersburg Ft. 33702	orida, if prior to registration) F.S., to determine penalty liability)			
7	(Principal office s	street address)	<u></u>	_	
7901 4th St N ST	FE 300 St. Petersburg FL 33702	article articles			
	(Current mailing ac	ddress, if different)		_	
				20	
8. Name and <u>stree</u>	ct address of Florida registered agent: (P.O. B	ox NOT acceptable)	 	2023 AUG	
Name:	Registered Agents Inc		-	OG.	Ī
Office Address:	7901 4th St N STE 300		.* *	9	
		, Florida	· ·	H.	
	(City)	(Zip code)	· 	կ։ կ3	ئىوتى"
Having been nam designated in this further ugree to c	ent's acceptance: ned as registered agent and to accept service of application, I hereby accept the appointmen omply with the provisions of all statutes relate with and accept the obligations of my position	t as registered agent and agree to ive to the proper and complete po	act in this cap	e place pacity.	1
3	David Schents		<u></u>		
	(Registered agent's signa	ture)			

^{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.

To: 18506176383

T Chairman	Jernifer Marcus Tithairman Name:		Julie Carter Name	
∟Vice Chairman	7901 4th St N STE 300 Address.	ÆDirector	7901 4th St N STE 300 Address:	
X Director	St. Petersourg FL 33702			
X President		_President		
EVice President	* · · · · · · · · · · · · · · · · · · ·	II Vice President	~ .~	
∟Secretary	L. Treasurer	¥ Serretary	🕱 Freakurer	
□Other	COther	INOther .	Other	
[]Chairman	Name:	□Chairmen	Name	
DVice Chaliman	Address	□Vice Chairman	Address.	
Director		□ Director		
Thesident		□ President	·-···	
DVice President		C Vice President		
11 Secretary	UTreaguigi	□ Secretary	F. Frenstner	
_lOther	DOther	E-Other	L.Oiltei	
(3Chairman	Name	∟Charrman	Name.	
□Vice Chairman	Address:	□Vice Chairman	Add.ess	
⊑ Director		I Director		

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 Plotida Department of State Anamal Report form.

filPresident

□Secretary

□Vice President

E Treasurer

E068 ______

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Signature of Director or Officer

The officer or director signing this document (and who is listed in mimber 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a decoment to the Department of State constitutes a third degree felony as provided for in 4.817.433, F.S.

□ President

Esterolary

∟ Vice President

Fireasurer

□Other _



Division of Business Services Department of State

State of Tennessee 312 Rosa L. Parks AVE, 6th FL Nashville, TN 37243-1102

GRACIE JAMES

116 AGNES RD, STE 200 KNOXVILLE, TN 37919

August 8, 2023

Request Type: Certificate of Existence/Authorization

Request #:

0541638

Issuance Date: 08/08/2023

Filing Fee:

Copies Requested:

Document Receipt

Receipt #: 008293317

\$20.00

Payment-Credit Card - State Payment Center - CC #: 3856062265

\$20.00

Regarding:

JAG Rentals, Inc.

Filing Type:

For-profit Corporation - Domestic

Control #:

1452327

Formation/Qualification Date: 08/03/2023

Date Formed:

08/03/2023

Status:

Active

Formation Locale: TENNESSEE

Duration Term:

Perpetual

Inactive Date:

Business County: GIBSON COUNTY

CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

JAG Rentals, Inc.

- * is a Corporation duly incorporated under the law of this State with a date of incorporation and duration as given above;
- * has paid all fees, interest, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business:
- * has appointed a registered agent and registered office in this State;
- * has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Secretary of State

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