Florida Department of State

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(((H230003750333)))



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Division of Corporations

Fax Number : (850)617-6383

From:

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FOREIGN PROFIT/NONPROFIT CORPORATION JOBWISE VENTURES, INC.

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(((H23000375033 3)))

COVER LETTER

TO:	Registration Section Division of Corporations		
SURII	ECT: JOBWISE VENTURES,	INC.	
.,(,1,1,1		n - must include suffix	
Dear Si	ir or Madam:		
"Certifi	closed "Application by Foreign Corporation for icate of Existence," or "Certificate of Good Sta- referenced foreign corporation to transact busing	nding" and check are submitt	
Please i	return all correspondence concerning this matte	er to the following:	
LOV	/ETTE DOBSON		
,	Name of	Person	
	Firm/Co	npany	
1735	50 STATE HWY 249 STE 220)	
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For furt	ther information concerning this matter, please	call:	
LOV	/ETTE DOBSON at 1	, 888-462-3453	
	Name of Person Area Coc	le Daytime Telephon	2 Number
	STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassec 2415 N. Monroe Street, Suite 810 Tallahassec, FL 32303	MAILING ADD Registration Secti Division of Corpo P.O. Box 6327 Tallahassee, FL 3	on rations
Please n	ed is a check for the following amount: take check payable to: FLORIDA DEPARTMENT 00 Filing Fee \$\times \\$78.75 Filing Fee & Certificate of Status		S87.50 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

(((H23000375033 3)))

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.

1	JOBWISE VENTURES, INC.					
	orporation: must include "INCORPORATE! orp." "Inc," "Co," or "Corp."))." "COMPANY." "CORPORATION."				
(If name unavails	able in Florida, enter alternate corporate nam	ne adopted for the purpose of transacting t	ousmess in Florida)			
2. Delaware	9	87-1287986				
(State or countr	y under the law of which it is incorporated)	(Firl number, if appli	cable)			
4. 06/10/2021 5.		Perpetual				
(Date	of incorporation)	(Date of duration, if other tha	n perpetual)			
6						
		in Florida, if prior to registration) 1502, F.S., to determine penalty liability)				
_{7.} 1150 Nw ¹	72nd Ave Tower 1 Ste 45	5 #13560 Miami, FL 33	126			
	(Principal o	tfice street address)				

	(Current mail	ling address, if different)				
8. Name and <u>stree</u>	<u>t address</u> of Florida registered agent: (P	.O. Box NOT acceptable)				
Name:	REPUBLIC REGISTERE	D AGENT LLC				
Office Address: 1150 Nw 72nd Ave Tower I Ste 455		<u>ver I</u> Ste 455	2023 OCT 30			
	Miami	Florida _ <u>33126</u>	00			
	(City)	(Zip code)	30 T			
9. Registered age	ont's accontance		T			
Having been nam	ed as registered agent and to accept ser					
	application, I hereby accept the appoin omply with the provisions of all statutes					
	with and accept the obligations of my p		reryarmanye, ay an y aane.			
	1,107	¬ 1				
	Wesley Z (Registered gent's	signature)	_			
	(meginery), gent a					

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.

(((H23000375033 3)))

10/30/2023 12.52 45 CDT A. DIRECTORS

A. DIRECTORS			(((H23000375033 3)))	
□Chairman	Name: Benjamin Zimmer	TChairman	Name: Tyler Doermann	
□Vice Chairman	Address: 3400 N Ashton Blvd	□ Vice Chairman	Address: 3400 N Ashton Blvc	
⊠ Director	Suite 440	≯Director	Suite 440	
⊠ President	Lehi, UT 84043	C.President	Lehi, UT 84043	
□Vice President		7 Nice President		
LISecretary	□ Treasurer	S Secretary	⊠ Treasurer	
□Other	□Other <u>S</u>	□Other	□Other	
□Chairman	Name: Pete Flint	€Chairman	Name:	
□ Vice Chairman	Address: 34 Page Street	, IVice Chairman	Address:	
≯Director	San Francisco, CA 94102	□Director		
□President		□President		
□Vice President		□Vice President	M	
() Secretary	UTreasurer	USecretary	C Freasurer	
Other	[]Other		Other	
□Chairman	Name:	U.Chairman	Name:	
□Vice Chairman	Address:	□ Vice Chairman	Address:	
□Director		Director		
Ti President		ElPresident		
OVice President		DNice President		
□ Secretary .	□ Freasurer	□ Secretary	□Treasurer	
□Othe:	□Otbei	∐Other	Other	
	Use an attachment to report more than six (6). The at added to the index when filing your Florida Departs			
12.	Benjamin Zamosei Signature of Director or Officer			
The officer or direc	ctor signing this document (and who is listed in num dse information submitted in a document to the Depo	ber 11 above) affirms th	at the facts stated herein are true and that he or	

10/30/2023 12:52 45 CQT Page 5/5

$\underline{\underline{Delaware}}_{\text{The First State}} (((\text{H23000375033 3})))$

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

DELAWARE, DO HEREBY CERTIFY "JOBWISE VENTURES, 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-SEVENTH DAY OF OCTOBER, 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 "JOBWISE

VENTURES, INC." WAS INCORPORATED ON THE TENTH DAY OF JUNE, A.D.

2021.

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

at coro delawate pov/authy

Authentication: 204463425

Date: 10-27-23 (((H23000375033 3)))