

H 23 000 536 980

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

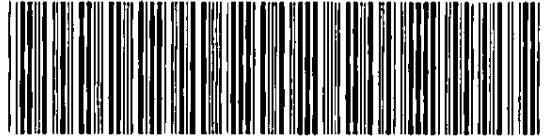
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FL

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: J. Shaw Enterprises, LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Articles of Domestication of a Non-Florida Entity and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following:

Jason H. Haber, Esq.  
Name of Person

Haber Blank, LLP  
Firm/Company

888 S. Andrews Avenue, Suite 201  
Address

Fort Lauderdale, Florida 33316  
City/State and Zip Code

jodi@jshawenterprises.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jason H. Haber at ( 954 ) 767-0300  
Name of Person Area Code Daytime Telephone Number

**Mailing Address:**  
New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
New Filing Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

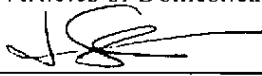
Articles of Domestication: \$25  
Articles of Organization: \$125  
Total to Domesticate and file: \$150

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TALLAHASSEE, FL  
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**ARTICLES OF DOMESTICATION**

In accordance with 605.1055, Florida Statutes, the Articles of Domestication are submitted for filing:

1. The date on which the entity was first formed was: June 12, 2018
2. The name of the entity immediately prior to the filing of the Articles of Domestication was:  
J. Shaw Enterprises LLC
3. Attached are Florida Articles of Organization to complete the domestication requirements pursuant to s. 605.0201.
4. The jurisdiction that constituted the seat, siege social, or principal place of business or central administration of the entity or any other equivalent jurisdiction under applicable law, immediately before the filing of the Articles of Domestication was: New Jersey
5. The domestication has been approved in accordance with the laws of the jurisdiction of formation of the domesticating entity.  
  
I am authorized to sign these Articles of Domestication on behalf of the entity.  
  
  
\_\_\_\_\_  
Authorized Signature
6. Attached is a certificate of status or equivalent document, if any, from the domesticating jurisdiction of formation, pursuant to s. 605.1055 (3), Florida Statutes.

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

J. Shaw Worldwide, LLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

2338 Immokalee Road, Suite 165

2338 Immokalee Road, Suite 165

Naples, Florida 34110

Naples, Florida 34110

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Haber Blank, LLP

Name

888 S. Andrews Avenue, Suite 201

Florida street address (P.O. Box NOT acceptable)

Fort Lauderdale

FL 33316

City

Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FL

**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

**Name and Address:**

Jodi Shaw

2338 Immokalee Road, Ste. 165

Naples, FL 34110

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TALLAHASSEE, FL

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(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: Date of Filing (OPTIONAL)  
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 calendar days after the date of filing.)

**ARTICLE VI:** Other provisions, if any.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REQUIRED SIGNATURE:**   
Signature of a member or an authorized representative

(In accordance with section 605.0205 (3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any 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.)

Jodi Shaw  
Typed or printed name of signee

**Filing Fees:**  
\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent  
\$ 30.00 Certified Copy (Optional)      \$ 5.00 Certificate of Status (Optional)

STATE OF NEW JERSEY  
DEPARTMENT OF THE TREASURY  
DIVISION OF REVENUE AND ENTERPRISE SERVICES  
SHORT FORM STANDING

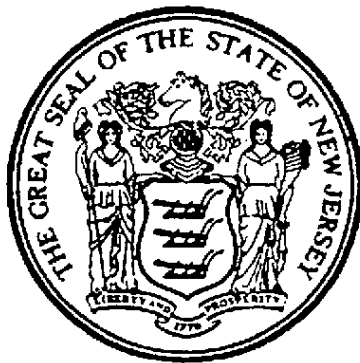
J. SHAW ENTERPRISES LLC  
0450279113

*I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Limited Liability Company was registered by this office on June 12, 2018.*

*As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.*

*I further certify that the registered agent and office are:*

JODI SHAW  
11 HARVEST LN  
TINTON FALLS, NJ 07724



*IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 3rd day of October, 2023*

Elizabeth Maher Muoio  
State Treasurer

Certificate Number : 6147069687

Verify this certificate online at

[https://www1.state.nj.us/TYTR\\_StandingCert/ISP/Verify\\_Cert.jsp](https://www1.state.nj.us/TYTR_StandingCert/ISP/Verify_Cert.jsp)

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