Division of Corporations

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Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number

: (850)205-0383

From:

: THE KIRWAN LAW FIRM Account Name

Account Number : I20020000151 : (407)210-6622 Phone Fax Number : (407)540-9484

FOREIGN LIMITED LIABILITY COMPANY

JSMS, LLC

Certificate of Status	0
Certified Copy	0
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6/21/2005

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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

JSMS, LLC						
· · · · · · · · · · · · · · · · · · ·	(î	same of foreign lim	ited liability company)			
2. Delaware		3,	20-1364572			
	he law of which foreign impany is organized)	imited liability	(FEI num	ber, if applicable	}	
4. 7/14/2004		5.	2050			
	of Organization)		(Duration: Year limite exist or	d liability compar "perpetual")	iy will cease to	
_{5.} Upon qualifica						
(Dat	te first transacted busines	s in Florida. (See se	ctions 608.501, 608.502	, and 817.155, F.S	5.}	
7. 425 Timberwa	alk Lane					
Lake Mary, Fl	lorida 32748				·	
		(Street address of	principal office)			
3. If limited liabilit	ty company is a man	ager-managed co	mpany, check here	Z		
s may .				_		
J. The name and u	sual business addres	ses of the manag	ing members or man	agers are as fo	llows:	
Sanjiv Kapil		Meenaks	hi Kapil			
425 Timberw	/alk Lane	425 Timb	erwalk Lane			
Lake Mary, F	lorida 32746	Lake Ma	ry, Florida 32746			
**************************************					문을 불	
l0. Attached is an origi	nal certificate of existence	, no more than 90 de	ys old, duly authenticated	by the official hav	ing circledy of recor	rds in
	ter the law of which it is or			re certificate is in a	foreign language, a	GPICTE SAFET
translation of the ce	ertificate under oath of the	translator must be su	ibmitted.)		21 SSF SSF	
11. Nature of busir	ness or purposes to b	e conducted or p	romoted in Florida:	investment Ma	inagement	<u> </u>
All persons and ent	tities are put on notice of t	he limitation on liabi	lities of a series as referen	iced in the Certific		Ţ.,
kolmenou ou me a	with the Secretary of State	for the State of Dela	ware and as set forth in 6	Del. C. 18-215		
			- the	10		
			orized representative		•	
			, the execution of this docu that the facts stated herein			
	Sanjiv Kapil	no ponunces or perjury	CHARLE COLUMN STREET,	ate mue.)		
	Ту	ped or printed n	ame of signee			
			_			

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

. The name	and the Florida street address	s of the registered agent and office are:	•
	Sanjiv Kapll		
		(Name)	
	425 Timberwalk Lane		
	Florida street ad	dress (P.O. Box <u>NOT</u> ACCEPTABLE)	
	Lake Mary	FI. 32746	
		(City/State/Zip)	
		4	
registered ag statutes relati	ent and agree to act in this cap ing to the proper and complete	d to accept service of process for the above stated limite this certificate, I hereby accept the appointment as pacity. I further agree to comply with the provisions of performance of my duties, and I am familiar with and distered agent as provided for in Chapter 608, F.S.	

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Delaware

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "USMS, LLC" IS DULY FORMED UNDER THE LANS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTIETH DAY OF JUNE, A.D. 2005.



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AUTHENTICATION: 3961692

DATE: 06-20-0550001524283