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COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Shirley Kawa-Jump LLC			
Name of Limited Liability Company			
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Ce Existence, and check are submitted to register the above referenced foreign limited liability company to transact business			
Please return all correspondence concerning this matter to the following:			
Shirley Kawa-Jump			
Name of Person			
Shirley Kawa-Jump LLC			
Firm/Company			
3101 Valencia Lane E			
Address	5		
Palm Harbor, FL 34684 City/State and Zip Code	Contract Contract		
2.39			
shirleyjjump@gmail.com ∰ેં ≃	o 🌡		
E-mail address: (to be used for future annual report notification)	5 [1]		
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:			
Shirley Kawa-Jump260	-		
Name of Contact Person Area Code Daytime Telephone Number			
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			
Enclosed is a check for the following amount: \$\Bigsize \text{\$125.00 Filing Fee} \text{\$\Bigsize \$\$130.00 Filing Fee & Certified Copy} \text{\$\Bigsize \$\$\$160.00 Filing Fee, Certified Copy} \text{\$\Omega\$ Status & Certified Copy}			

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Shirley Kawa-Jump LLC (Name of Foreign Limited Liability Company; must inclu	de "Limited Liekility Company" "L. C. " or "L. C.")
(Name of Foleign Limited Diaothly Company; must med	de Limited Liability Company, E.L.C., or ELC.
(If name unavailable, enter alternate name adopted for the purpose of trability Company, "L.L.C," or "LLC.")	ansacting business in Florida. The alternate name must include "Limited
₂ Indiana	55-0847329
(Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applicable)
4. September 1, 2014	
(Date first transacted business in (See sections 605.0904 & 605.0905,	Florida, if prior to registration.) F.S. to determine penalty liability)
_{5.} 3101 Valencia Lane E	
Palm Harbor, FL 34684	
(Street Address 6 3101 Valencia Lane E	of Principal Office)
Palm Harbor, FL 34684	
7. The name, title or capacity and address of the pers	on(s) who has/have authority to manage is/areco
Shirley Kawa-Jump, President	
having custody of records in the jurisdiction under the acceptable. If the certificate is in a foreign language, a must be submitted) Signature of as	ranslation of the certificate under oath of the translator authorized person litutes an affirmation under the penalties of perjury that the facts stated herein are true.
Shirley Kawa-Jump	

Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), 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 of the Limited Liability Company is: Shirley Kawa-Jump LLC	
If unavailable, the alternate to be used in the state of Florida is:	
2. The name and the Florida street address of the registered agent and office are:	
Shirley Kawa-Jump	
(Name)	
3101 Valencia Lane E	
Florida Street Address (P.O. Box NOT ACCEPTABLE)	
Palm Harbor FL 34684 City/State/Zip	
City/State/21p	700
Having been named as registered agent and to accept service of process for the above liability company at the place designated in this certificate, I hereby accept the apportance of agent and agree to act in this capacity. I further agree to comply with the statutes relating to the proper and complete performance of my duties, and I am fam accept the obligations of my position as registered agent as provided for in Chapter Statutes. (Signature)	intment as provisions of all iliar with and

Filing Fee for Application

Certified Copy (optional)

Designation of Registered Agent

Certificate of Status (optional)

\$ 100.00

\$ 25.00

\$ 30.00

5.00

STATE OF INDIANA OFFICE OF THE SECRETARY OF STATE CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greetings:

I, Connie Lawson, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records, and proper official to execute this certificate.

I further certify that records of this office disclose that

SHIRLEY KAWA-JUMP, LLC

duly filed the requisite documents to commence business activities under the laws of State of Indiana on September 19, 2003, and was in existence or authorized to transact business in the State of Indiana on July 31, 2014.

I further certify this Domestic Limited Liability Company (LLC) has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution or expiration has been filed or taken place.



In Witness Whereof, I have hereunto set my hand and affixed the seal of the State of Indiana, at the city of Indianapolis, this Thirty-First Day of July, 2014.

Corrie Zamson

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