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| (Re | questor's Name) | | |
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| (Cit | y/State/Zip/Phon | e #f) | |
| PICK-UP | | MAIL | |
| (Bu | siness Entity Nar | me) | |
| (Document Number) | | | |
| Certified Copies | _ Certificates | s of Status | |
| Special Instructions to Filing Officer: | | | |
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Office Use Only



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IN SEP 15 AN 9: 43

COVER LETTER

| TO: Registration Section Division of Corporations | |
|---|---|
| SUBJECT: Jaarico, LLC | |
| SUBJECT. | f Limited Liability Company |
| | ty Company for Authorization to Transact Business in Florida," Certificate of we referenced foreign limited liability company to transact business in Florida |
| Please return all correspondence concerning this matter | er to the following: |
| Jeffrey Glazer | |
| | Name of Person |
| Jaarico, LLC | |
| | Firm/Company |
| 814 W. Diamond | Avenue Suite 370 |
| | Address |
| Gaithersburg, MI | D 20878 |
| | City/State and Zip Code |
| Zulay@myjfkcpa | .com |
| | be used for future annual report notification) |
| For further information concerning this matter, please | call: |
| Zulay Landeo | at 301 9904990 |
| Name of Contact Person | Area Code Daytime Telephone Number |
| MAILING ADDRESS: Division of Corporations Registration Section STREET ADDRESS: Division of Corporations Registration Section | |
| P.O. Box 6327 | Clifton Building |
| | 2661 Executive Center Circle Tallahassee, FL 32301 |
| Enclosed is a check for the following amount | : |
| □ \$125.00 Filing Fee □ \$130.00 Filing I Certificate of St | |

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 Jaarico, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C," or "LLC.") (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) 10/1/2014 (Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 218 NW 16th Street Delray Beach, FL 33444 (Street Address of Principal Office) 6.814 W. Diamond Avenue Suite 370 Gaithersburg, MD 20878 (Mailing Address) 7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Jeffrey N. Glazer, President 218 NW 16th Street Delray Beach, FL 33444 8. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted) Signature of an authorized person
(In accordance with section 605.0203, F.S., the execution of this accument 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.) Jeffrey N. Glazer

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.

| 1. The name of the Limited Liab Jaarico, LLC | oility Company is: | |
|--|---|--------------|
| If unavailable, the alternate to be | used in the state of Florida is: | |
| 2. The name and the Florida stre | eet address of the registered agent and office are: | 2814 TAL |
| Jeffrey N | I. Glazer | SE SE FI |
| | (Name) | 题 5m |
| 218 NW 16th Street | | 1000 是 口 |
| Florida Street Address (P.O. Box NOT ACCEPTABLE) | | 9. 13 |
| Delray Beach | FL 33444 | |
| | City/State/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, Florida Statutes.

(Signature)

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

STATE OF MARYLAND Department of Assessments and Taxation

I, PAUL B. ANDERSON OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO LIMITED LIABILITY COMPANIES, OR THE RIGHTS OF LIMITED LIABILITY COMPANIES TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT JAARICO, LLC, REGISTERED JUNE 25, 2013, IS A LIMITED LIABILITY COMPANY EXISTING UNDER AND BY VIRTUE OF THE LAWS OF THE STATE OF MARYLAND, AND THAT THE LIMITED LIABILITY COMPANY IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING TO TRANSACT BUSINESS.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS SEPTEMBER 12, 2014.

Paul B. Anderson Charter Division

Faul B. Underen



301 West Preston Street, Baltimore, Maryland 21201
Telephone Balto. Metro (410) 767-1340 / Outside Balto. Metro (888) 246-5941
MRS (Maryland Relay Service) (800) 735-2258 TT/Voice
Fax (410) 333-7097