

Division of Corporations

Page 1 of 2

ME000008685
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : LEGALZOOM.COM INC.
Account Number : 120010000062
Phone : (323) 962-8600
Fax Number : (323) 962-3889

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**Foreign Limited Liability Company
JPM 1738 LLC**

Certificate of Status	0
Certified Copy	1
Page Count	06
Estimated Charge	\$155.00

OCT 30 2015

S. YOUNG

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Corporate Filing Menu

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TALLAHASSEE, FLORIDA

Delaware

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Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "JPM 1738 LLC" IS DULY FORMED UNDER THE LAWS 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 TWENTY-SECOND DAY OF OCTOBER, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "JPM 1738 LLC" WAS FORMED ON THE SEVENTEENTH DAY OF JUNE, A.D. 2015.

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

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15 OCT 29 AM 9:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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SR# 20150603245

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Jeffrey W. Bullock, Secretary of State

Authentication: 10281744

Date: 10-22-15

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: JPM 1738 LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Imelda Vasquez

Name of Person

Legalzoom.com, Inc.

Firm/Company

100 W. Broadway Suite 100

Address

Glendale, CA 91210

City/State and Zip Code

PIPBYP@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Imelda Vasquez

323

962-8600

Name of Contact Person

at (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:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☒ \$155.00 Filing Fee &
Certified Copy

☐ \$160.00 Filing Fee, Certificate
of Status & Certified Copy

FILED
15 OCT 29 AM 9:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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

1. **JPM 1738 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.")

2. **DELAWARE**

(Jurisdiction under the law of which foreign limited liability company is organized)

3. **47-4328137**

(FEI number, if applicable)

4. _____

(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. **300 Delaware Ave. Suite 210**

Wilmington, DE 19801

(Street Address of Principal Office)

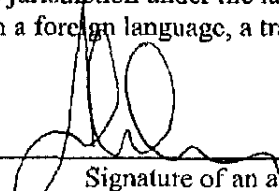
6. _____

(Mailing Address)

7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are;

Member - JOSEPH MANDELIN, 9018 Alister Blvd. E Apt 102, Palm Beach Gardens, FL 33418

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 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.)

JOSEPH MANDELIN

Typed or printed name of signee

FILED
15 OCT 29 AM 11:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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 Liability Company is:

JPM 1738 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:

United States Corporation Agents, Inc.

(Name)

13302 Winding Oak Court Suite A

Florida Street Address (P.O. Box NOT ACCEPTABLE)

Tampa

FL

33612

City/State/Zip

FILED
15 OCT 29 AM 9:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)

Cheyenne Moseley, assistant secretary on
behalf of United States Corporation Agents, Inc.

\$ 100.00	Filing Fee for Application
\$ 25.00	Designation of Registered Agent
\$ 30.00	Certified Copy (optional)
\$ 5.00	Certificate of Status (optional)

COVER LETTER

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962-8600

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Registration Section
P.O. Box 6327
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Registration Section
Clifton Building
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Wilmington, DE 19801

(Street Address of Principal Office)

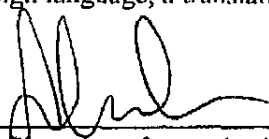
6. _____

(Mailing Address)

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Member - JOSEPH MANDELIN, 9018 Alister Blvd. E Apt 102, Palm Beach Gardens, FL 33418

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Signature of an authorized person

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JOSEPH MANDELIN

Typed or printed name of signee

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TALLAHASSEE, FLORIDA

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(Name)

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Florida Street Address (P.O. Box NOT ACCEPTABLE)

Tampa

FL


33612

City/State/Zip

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19 OCT 29 AM 9:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Cheyenne Moseley, assistant secretary on
behalf of United States Corporation Agents, Inc.

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