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SECONETARY OF STATE
OF SHASSFE, FLORIDA

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COVER LETTER

TO: Registration Section Division of Corpora			
SUBJECT: \\ \\ \\ \\ \\ \\	16 Capita Good	Climited Liability Company	AND THE RESIDENCE THE SECOND S
			unsact Business in Florida." Certificate of y company to transact business in Florida
Please return all corresponden	ce concerning this matter to the	following:	
	Joseph Go	oldstein	
delan manadala Silven anno	N:	ame of Person	
	Fi	rm/Company	
3	271 NV 96 Ave	***************************************	are entholess are entholess are entholess.
<u> </u>	Sunrise / FL / 3 :	Address	
	City/Si	tate and Zip Code	
		Stein12@ amail	i Co M ification)
For further information concer	ming this matter, please call:	·	
<u>Joseph</u>	lo ldstein ne of Contact Person		2-8296 time Telephone Number
MAILING ADDRE Division of Corporati Registration Section P.O. Box 6327 Tallahassee, FL 3231	ions	Division Registrati Clifton B 2661 Exe	CADDRESS: of Corporations ion Section uilding reutive Center Circle ee, FL 32301
Enclosed is a check for the fol 风 \$125.00 Filing Fe		☐ \$155.00 Filing Fee & Certified Copy	□ \$160.00 Filing Fee, Certificate of 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 COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:
1. (Name of Foreign Limited Liability Company; must include "Limited Liability Company." "L.L.C.," or "L.L.C.")
(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.")
- Ne Mada
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 5. 3271 WW ab Ave, Suntise, FL
スマスト
(Street Address of Principal Office)
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: both bolistin
Office Address: 327/ NW 96 Ave
Suncise, FL, 33351 . Florida 33351
(City) (Zip code) Registered agent's acceptance:
Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.
(Registered agent's signature)
8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:
Manager
3271 NW 96 Ave, Sunise, FL, 33351
9. Attached is a 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. (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
This document is executed in accordance with section 605,0203 (1) (b). Florida Statutes, 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 Goldstein, Manager Typed or printed name of signee

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, BARBARA K. CEGAVSKE, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **JMG CAPITAL GROUP, LLC**, as a limited liability company duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since August 20, 2015, and is in good standing in this state.

SENT OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OWN

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on September 24, 2015.

Ballara K. Cegarske

BARBARA K. CEGAVSKE Secretary of State

Electronic Certificate
Certificate Number: C20150924-1018
You may verify this electronic certificate
online at http://www.nvsos.gov/