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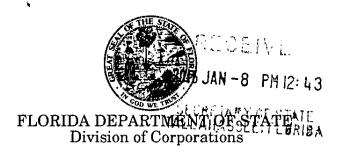
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2016 JAN -8 PH 2: 3

### COVER LETTER

TO:	Registration Section Division of Corporations					
CHEL	JCM OPERATIONS, LLC ECT:					
эсь.	Name o	f Limited Liability Comp	pany			
The cr Existe	nclosed "Application by Foreign Limited Liability Connec, and check are submitted to register the above reference.	nipany for Authorization erenced foreign limited li	to Transact Business in Florida," Certificate of ability company to transact business in Florida			
Please	return all correspondence concerning this matter to the	ne following:				
	BECKY GREENE					
		Name of Person				
	JCM OPERATIONS, LLC					
	Firm/Company					
	50 RESNIK ROAD					
	Address					
	PLYMOUTH, MA 02360					
	City/State and Zip Code					
	BGREENE@JOYCAPMGT.COM					
	E-mail address: (to be u	sed for future annual repo	ort notification)			
For fu	arther information concerning this matter, please call:					
	JAMES PAT COLONNA, CPA	508 6-	48-1000			
	Name of Contact Person	Area Code	Daytime Telephone Number			
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314		Div Rej Cli 260	REET ADDRESS: vision of Corporations gistration Section fton Building 61 Executive Center Circle llahassee, FL 32301			
Enclo	sed is a check for the following amount:  \$\Boxed{\text{\text{\$\sigma}\$}} \\$\\$ \$125.00 \text{ Filing Fee } \text{\text{\$\sigma}} \\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\	: \$155.00 Filing For Certified Copy	ee & \$\Bigsim \$160.00 \text{ Filing Fcc, Certificate} \\ of Status & Certified Copy			



December 29, 2015

BECKY GREENE 50 RESNIK ROAD PLYMOUTH, MA 02360

SUBJECT: JCM OPERATIONS,LLC

Ref. Number: W15000082636

We have received your document for JCM OPERATIONS, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), AuthorizedPerson (AP), or Authorized Representative (AR).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

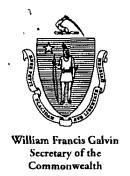
Neysa Culligan Regulatory Specialist II

Letter Number: 815A00027053

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

	ISINESS IN THE STATE OF FLORIDA	4:		
1. JCM OPERATIONS, L	LC sign Limited Liability Company; mu	st include "Limited Liab	ility Company," "L.L.C.," or "LLC	.")
(	ngn zmikod zmanny dompany, man		, , , , , , , , , , , , , , , , , , , ,	•
(If name unavailable, enter al Liability Company," "L.L.C,"	ternate name adopted for the purpos " or "LLC.")	se of transacting business	in Florida. The alternate name mus	st include "Limited
<sub>2</sub> ,MA		3, 47-2980044		
(Jurisdiction under the law company is organized)	of which foreign limited liability		(FEI number, if applicable)	·····
4: 07/01/2015				
4. <u> </u>	(Date first transacted busine (See sections 605.0904 & 605	ess in Florida, if prior to	registration.)	
50 RESNIK RD	(Seé sernoirs 603.0304 & 603		penany naomey,	
PLYMOUTH, MA 023	,			
EO DECAMA DE	(Street Address of	Principal Office)		
6. 50 RESNIK RD				2016 JAN
PLYMOUTH, MA 023	360			
	(Mailing	Address)		
7. Name and street address	ss of Florida registered agent: (P	O. Box NOT accept	able)	Marie Co
Name:	SETH ELLIS		•	三 星
•	4755 TECHNOLOGY WAY		<del>-</del>	7
Office Address:			-	5 3 3 S
	BOCA RATON		_, Florida	34
Registered agent's accep	(City)		(Zip code)	
designated in this applicate complywith the provision accept the obligations of	acity and address of the person(s	ntment as registered as e proper and complete stored agent's signature)	gent and agree to act in this cap performance of my duties, and	vacity. I further agree
4755 TECHNOLOGY W	AY			
BOCA RATON, FL 3343	1			
jurisdiction under the law of the translator must be s	e of existence, no more than 90 de of which it is organized. (If the cubmitted)	certificate is in a foreig	gn language, a translation of the	ody of records in the certificate under oath
This document is executed	d in accordance with section 605. the Department of State constit	.0203 (1) (b), Florida :	Statutes. I am aware that any fals	e information
was and the desirement to	GARY F JOYAL			-

Typed or printed name of signee



# The Commonwealth of Massachusetts Secretary of the Commonwealth State Nouse, Boston, Massachusetts 02188

Date: December 18, 2015

To Whom It May Concern:

I hereby certify that a certificate of organization of Limited Liability Company was filed in this office by

#### **JCM OPERATIONS, LLC**

in accordance with the provisions of Massachusetts General Laws, Chapter 156C, on December 08, 2014.

I further certify that said Limited Liability Company has not filed a Certificate of Cancellation; that said Limited Liability Company has not been administratively dissolved; and that, so far as appears of record, said Limited Liability Company has legal existence.



In testimony of which,
I have hereunto affixed the
Great Seal of the Commonwealth
on the date first above written.

Secretary of the Commonwealth

William Travers Gallein

Certificate Number: 15126929360

Verify this Certificate at: http://corp.sec.state.ma.us/CorpWeb/Certificates/Verify.aspx

Processed by: hma