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From:
Account Name : REGISTERED AGENTS INC.
Account Number : I20090000081
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Foreign Limited Liability Company
JONES JONES LLC

Certificate of Status	0
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Page Count	03
Estimated Charge	$125.00

JAN 22 2016

S. YOUNG

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. JONES JONES LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

The Law Firm of Jones Jones 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. NEW YORK
(Jurisdiction under the law of which foreign limited liability company is organized)

3. N/A
(FEI number, if applicable)

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

5. 5 HANOVER SQUARE, SUITE 1001, NEW YORK, NY 10004
(Street Address of Principal Office)

6. 5 HANOVER SQUARE, SUITE 1001, NEW YORK, NY 10004
(Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: NORTHWEST REGISTERED AGENT LLC

Office Address: 3030 N. Rocky Point Drive, STE 150A

TAMPA (City), Florida 33607 (Zip code)

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TALLAHASSEE, FLORIDA

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.

Tom Glover
(Registered agent's signature)

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

WILLIAM JONES, MEMBER

5 HANOVER SQUARE, SUITE 1001, NEW YORK, NY 10004

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)

Tom Glover
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.

TOM GLOVER
Typed or printed name of signee

State of New York
Department of State } ss:

I hereby certify, that JONES JONES LLC a NEW YORK Professional Service Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 08/23/2011, and that Professional Service Limited Liability Company is existing so far as shown by the records of the Department.

***

Witness my hand and the official seal of the Department of State at the City of Albany, this 20th day of November two thousand and fifteen.

Anthony Giardina
Executive Deputy Secretary of State

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