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(Re	questor's Name)					
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PICK-UP	☐ WAIT	MAIL				
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(Bu	siness Entity Name)					
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SECRETARY OF STATE
FALLAHASSEE FLORIDA

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COVER LETTER

	, istration Section ision of Corporatio	ons		
SUR IFCT:	JW Affinity IT, LL			,
SUBJECT.			Limited Liability Comp	pany
The enclosed Existence, an	l "Application by Fo nd check are submitt	oreign Limited Liability Comp ed to register the above refer	pany for Authorization enced foreign limited li	to Transact Business in Florida," Certificate clability company to transact business in Florid
Please return	all correspondence	concerning this matter to the	following:	
	Justina Barr			
		N	ame of Person	
	JW Affinity II	r, llc		
		F	irm/Company	
	819 Pickens In	ndustrial Dr., Suite 9		
			Address	
	Marietta, GA	30062		
		City/S	state and Zip Code	
	exec@jwaffinity			
		E-mail address: (to be use	d for future annual repo	ort notification)
For further in	nformation concerni	ng this matter, please call:		
Just	ina Barr			59-6366 Ext. 703
	Name	of Contact Person	Area Code	Daytime Telephone Number
Div Reg P.O	ILING ADDRESS ision of Corporation istration Section . Box 6327 ahassee, FL 32314		Div Reg Clii 266	REET ADDRESS: vision of Corporations gistration Section fton Building 51 Executive Center Circle lahassee, FL 32301
	check for the follow 125.00 Filing Fee	wing amount: ☐ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filing Fe Certified Copy	ee & \$\Bigsquare\$ \$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 COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

JW Affinity IT, LLC			
(Name of Fore	eign Limited Liability Company; must include "Lim	ited Liability Company," "L.L.C.," or	"LLC.")
(If name unavailable, enter a	Iternate name adopted for the purpose of transacting	business in Florida. The alternate nar	ne must include "Limited
Liability Company," "L.L.C,			
2. Georgia	3. 46-49		
company is organized)	of which foreign limited liability	(FEI number, if applicable)
4. NA	Date Control of the C	F!-'	_
	(Date first transacted business in Florida, i (See sections 605.0904 & 605.0905, F.S. to d	letermine penalty liability)	
5. 819 Pickens Industrial	Dr., Suite 9		27
Marietta, GA 30062			
	(Street Address of Principal Office	2)	- Same
6. 819 Pickens Industrial	Dr., Suite 9		
Marietta, GA 30062			Mo - IT
	(Mailing Address)		
7 Name and street address	ss of Florida registered agent: (P.O. Box NOT	Concentable)	5 2 2
7. Name and <u>street addres</u>	Barbara Elyea	_acceptable)	Opt O
Name:	Balbara Ciyea		
Office Address:	3743 S. Atlantic Ave., Unit 1B		
	Daytona Beach Shores	, Florida ³²¹¹⁸	_
Registered agent's accep	(City)	(Zip code)	
Having been named as re designated in this applica to complywith the provisi	egistered agent and to accept service of procestion, I hereby accept the appointment as registions of all statutes relative to the proper and comy position as registered agent.	stered agent and agree to act in the omplete performance of my dutie.	is capacity. I further agree
	(Registered agent's si	gnaturof	
8. The name, title or capa	acity and address of the person(s) who has/have	e authority to manage is/are:	
Justina Barr - Principal O	wner		
819 Pickens Industrial Dr	., Suite 9		
Marietta, GA 30062			
	of existence, no more than 90 days old, duly a of which it is organized. (If the certificate is in ubmitted) Signature of an authorized.	a foreign language, a translation o	
	d in accordance with section 605.0203 (1) (b), I to the Department of State constitutes a third department of State constitutes at the		

Typed or printed name of signee

Control Number: 14025151

STATE OF GEORGIA

Secretary of State

Corporations Division 313 West Tower 2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE



I, Brian P. Kemp, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

JW Affinity IT, LLC

a Domestic Limited Liability Company

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number
Date Inc/Auth/Filed
Jurisdiction
Print Date
Form Number

: 13180946 :03/01/2014 : Georgia : 05/23/2016 : 211



Brian P. Kemp Secretary of State