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COVER LETTER

TO: Registration Section Division of Corporations			
30b3EC1	MTVRES, LLC imited 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:			
LIANZ M. A	NOERSON BENNATI me of Person		
JGGAOVENTURES, LIC			
39 W. SPANISH MAIN ST.			
Tampa FL 33609			
City/State and Zip Code 1			
For further information concerning this matter, please call:			
Sames W. Collins Name of Contact Person	at (94) 373-123 T		
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahasana, FL 32214	STREET ADDRESS: Division of Corporations Registration Section Clifton Building		
Tallahassee, FL 32314 Enclosed is a check for the following amount:	2661 Executive Center File Tallahassee, FL 32301		
\$125.00 Filing Fee \$\infty\$ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Fee & ☐ \$160.00 Filing Fee, Certificate Certified Copy 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: (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.
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
39 W. Spanish Main St., Jampa, F233607 (Street Address of Principal Office)
Jampa, 5L 3369
(Mailing Address) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Liane M. Anderson Be nnat 1 Anderson B
Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated limited intitity company at the place designated in this application, I hereby accept the appointment as registered agent and ogree to act in this capability. I further agree to complywith 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: Liane M. Andasan Bennati, Manager 34 W. Spanish Main St., Jampa EL 33409 Theorem Lynn Andorson Bennati, Manager, 38 W. Spanish Main St. 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. Typed or printed name of signee

STATE OF WYOMING Office of the Secretary of State

I, ED MURRAY, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

JGG Adventures, LLC is a

Limited Liability Company

formed or qualified under the laws of Wyoming did on January 18, 2017, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number 2017-000739412.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 27th day of June, 2017 at 8:25 AM. This certificate is assigned 023462025.



Secretary of State

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website http://wyobiz.wy.gov and following the instructions displayed under Validate Certificate.