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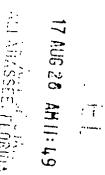
(Re	questor's Name)			
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COVER LETTER

TO:

- 🐧	cov	ER LETTER	
TO: Registration Section Division of Corporation	s		
SUBJECT: Jegs!	Notion Tra	des, LLC Limited Liability Company	
The enclosed "Application by Fore Existence, and check are submitted	eign Limited Liability Comp I to register the above refere	any for Authorization to Tra nced foreign limited liability	nsact Business in Florida." Certificate of company to transact business in Florida.
Please return all correspondence c	oncerning this matter to the	following:	
	JAvier	GMZQLZ ame of Person	
	Tegsh	JCHOO TVac	tes, LLC
	31055 Fleton	Cr Regency T	rive
	Tamp	M FL 33/012 tate and Zip Code	
	E-mail address: (to be used	Solos Gamail For future annual report not	· (OM ification)
For further information concerning	g this matter, please call:		
Javier (- Name o	COZALIZ Contact Person	at (<u>BB</u>) HO Area Code Day	5 - 40 18 time Telephone Number
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314		Division Registrat Clifton B 2661 Exe	ADDRESS: of Corporations ion Section uilding coutive Center Circle ee, FL 32301
Enclosed is a check for the follow ☐ \$125.00 Filing Fee	ing amount: ☑ \$130.00 Filing Fee & Certificate of Status	□ \$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 STATUTEX, THE FOL COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:	LOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
I. Jegs Nation Traces, LLC (Name of Foreign Limited Liability Company; must include "Limited I	11. A
(Name of Foreign Limited Liability Company; must include "Limited I	Hability Company, L.E.C., or LEC.)
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florid	a. The alternate name must include "Limited Liability Company," "L.I. C," or "LLC,")
2. (Jurisdiction under the law of which foreign limited liability company is organized)	3. (FEI number, if applicable)
4. (Date first transacted business in Florida, if prior to reg (See sections 605 0904 & 605,0905, F.S. to determine	estration) penalty liability)
s. 13655 Fletcher Resency Deive	6. (Mailing Address)
Tampa, FL 33413	(Mailing Address)
7. No. and a superior of Divide surjetured execute (B.O. Boy)	NOT againstible)
7. Name and street address of Florida registered agent: (P.O. Box)	NOT acceptable)
Name: <u>VVICI (VIZUUZ</u>	Ta m
Office Address: 13/35 + 18/07/KT KEGETY	CY LKIVE
1AMPO (Cip)	. Florida <u>SSOS</u> (Zip code)
Having been named as registered agent and to accept service of pr designated in this application, I hereby accept the appointment as to comply with the provisions of all statutes relative to the proper a and accept the obligations of my position as registered agent.	registered agent and agree to act in this capacity. Efurther agree
8. The name, title or capacity and address of the person(s) who has Title or Capacity: Name and Address: The name, title or capacity and address of the person(s) who has Name and Address: The control of the person of th	/have authority to manage is/are: Title or Capacity: Name and Address:
Deve TANPONTE 3300 = Manager Leisha (7012 do 13055 Fieldher Regent Deve TANPON, FL 331013	4
(Use attachments if necessary)	
9. Attached is a certificate of existence, no more than 90 days old, d jurisdiction under the law of which it is organized. (If the certificate of the translator must be submitted)	uly authenticated by the official having custody of records in the is in a foreign language, a translation of the certificate under oath
10. This document is executed in accordance with section 605.0203 submitted in a document to the Department of State constitutes a thir signature.	(1) (b), Florida Statutes. I am aware that any false information d, degree felony as provided for in s.817.155, F.S.
	nuled 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, **JEGSNATION TRADES**, **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 July 22, 2016, and is in good standing in this state.

AL OF THE O

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on July 11, 2017.

Bouliars K. Cegewske

Barbara K. Cegavske Secretary of State

Electronic Certificate
Certificate Number: C20170711-0019
You may verify this electronic certificate
online at http://www.nvsos.gov/