To: Page 2 of 4

10/4/2017

Division of Corporations

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H17000261580 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

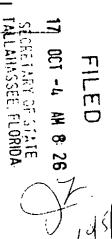
Account Number : FCA000000023 Phone : (512)418-6949 Fax Number : (954)208-0845

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

Foreign Limited Liability Company JAZD BUSINESS SERVICES LLC

Certificate of Status	O
Certified Copy	О
Page Count	03
Estimated Charge	\$125.00



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

Æ CC	COMPLIANCE WITH SEC MEVANY TO TRANSACT BU	TION 605.0902, FLORIDA STATUTES, THE FC JSINËSS INTHE STATE OF FLORIDA:	OLLOW?	NG IS SUBMITTED TO REGIST	TER A FOREIGN TIMITED LIABILITY
	JAZD Business Service		Liabilit	y Company," "L.L.C.," or "LLC."	
(If o	nus, usa-ailahle, enter ahermate n	arns adopted for the purpose of transporing business in Her	nda. The a	hernate name must include "Limited Lia	ability Correctly," "L.L.C," or "U.L.C,")
Delaware (handlition under the law of which foreign limited labelity company is organized)			3. \$2-2960882 (FEI number, if applicable)		
	October 3, 2017	isca i weeka istatoo axa ariy conspany ix a gaazaari		f. Crushia	рег, п аррисцие)
4.	Collider 5, 2017	(Dute first transacted business in Florida, if prior to a (See sections 603 0904 & 605,0905, F.S. to determin	ogistratios	labdiry)	·. ,
5.	401 Federal Street, Su	ite 4		11150 Santa Monica Blvd, (Mailing Add	, Suite 1400
	(Street Address of F Dover, DE 1990)	Principal Office)		Los Angeles, CA 90025	ress)
					<u> </u>
7.	Name and street addres	s of Florida registered agent: (P.O. Box	NOT :	neceptable)	E B T
	Name:	CT Corporation System		,	\$1 T
	Office Address:	1200 South Pine Island Road		· ·	SSEE LEG
		Plantation		, Florida 33324 Œip cod	FLOT E
Ha		gistered agent and to accept service of p		for the above stated limited	itability company at the place
to c	comply with the provisi	tion, I hereby accept the appointment as ons of all-statutes relative to the proper o s of my position as registered agent.	and co		
	1	By: C T Corporation System		_	ia- Asst. Secretary
8.	The name, title or capa	icity and address of the person(s) who has		-	ia-Assc. Secretary
	Title or Capacity:	Name and Address:	<u>Ti</u>	tle or Capacity;	Name and Address:
	Member	Alejandro Krys I I I SO Santa Monica Blyd Los Angeles, CA 90025			
		:			
	Authorized Represent	11150 Santa Monica Blvd		<u> </u>	
τu	se attachments if necess	Los Angeles, CA 90925		•	
9, A juri	Attached is a certificate	of existence, no more than 90 days old, dof which it is organized. (If the certificate			
		the Department of State constitutes a thir			
		Signature of	ින ආර්ථ	nzod serson	
		Duniel Kim		•	
		- Typed or p	ಗುಗಕಿದ್ದ ಬಾಗ	e di signes	



Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "JAZD BUSINESS SERVICES LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRD DAY OF OCTOBER, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.



Authentication: 203336531

Date: 10-03-17