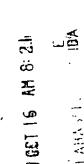
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## **COVER LETTER**

	on Section Corporations			1
UBJECT:	JJWB	Ope	rations, L	LC
		Name of I	imited Liability Company	
he enclosed "Appli xistence, and check	ication by Foreign Limited k are submitted to register t	Liability Comp. he above refere	any for Authorization to T need foreign limited liabili	ransact Business in Florida," Certificate of ity company to transact business in Florida.
ease return all con	respondence concerning thi	s matter to the f	following:	·
	Jen	nifer	Davis ume of Person	
		Na	ame of Person	1
_	JJWB	Ope	ractions C	LC
		f Fir	m/Company	
	446 A	irport	Rd Address	
		1	Address	
_	Frestpre	out F	ate and Zip Code	13
	ı	City/3t	ate and zip code	
	jennejo E-mail addi	clavis 19 ess: (to be used	58 (a) ya hoo.	COM otification)
or further informat	tion concerning this matter,	please call:		
Je	ennifor Dau Name of Contact Per	viS_son	at (239) 3 Area Code Da	40 - 9001 or (239)848-
Division of Registratio P.O. Box 6			Division Registra Clifton	CT ADDRESS:  n of Corporations ation Section Building Recutive Center Circle
	c c		Tallaha	ssee, FL 32301
nclosed is a check \$125.00	for the following amount: Filing Fee  \$\square\$\$\$\$\$\$ \$130.00\$ Certificate	Filing Fee & of Status	☐ \$155.00 Filing Fee & Certified Copy	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

COMPLIANCE WITH SECTION MPANY TO TRANSACT BUSIN  JJWB  (Normal Charles Line)			1 10 1 10 10 10 10 10 10 10 10 10 10 10	THE A STANDARD OF THE PARTY OF THE
			UBMITTED TO REGIS	IER A FOREIGN. LIMITED LIABI 
(Name of Foreign Lin	•			Ì
(Name of Foreign Lin	OPErctions, L	ude "Limited Liability Compa	my," "L.L.C.," or "LLC."	)
<u> </u>	adopted for the purpose of transacting b			
Vevaca (Jurisdiction under the law of which	foreign limited liability company is orga	3	(FEI num	3588426 (ber, if applicable)
	8-02-2017 (Date first transacted business in Flori (See sections 605 0904 & 605,0905, I	da, if prior to registration.)		- <del></del>
		(S), to determine penalty liability)	Hair f	in the Pol
(Street Address of Princ		6	(Mailing Ad	iressil oof, FC
Frostpro	33843		Frostpr	oof, FC
<del></del>	33843		<u>'</u>	33843
Name and street address o	f Florida registered agent: (			
Name:	Vennifer	F. Davis		
Office Address:	446 Airg Frost proof	port Rd.		
	[ - 1 - 1	^		>1 2 55
_	<u> </u>		, Florida <u>22</u>	1 · · · · · · · · · · · · · · · · · · ·
l accept the obligations of	f my position as registered of	agent.		
_	(Kegir	stered agent's signature)		<del></del>
The name, title or capacit	y and address of the person	(s) who has/have authori	ty to manage is/are:	
•	Name and Address		Capacity:	Name and Address:
Title or Capacity:	John S.W.	Davis II		
<u></u>		- Rd		
Manager	441- Airport	<b>つつひ</b> 1 /		
<u></u>	441. Airpart Fraigreaff FC	<u>. 3381</u> 2		
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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, **JJWB OPERATIONS**, **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 January 15, 2013, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on October 8, 2017.

Ballons K. Cagasske

Barbara K. Cegavske Secretary of State

Electronic Certificate

Certificate Number: C20171008-0049 You may verify this electronic certificate online at http://www.nysos.gov/