(Requestor's Name) (Address)			
(Address)	600304436		
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL	10/16/1701011-		
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status	·		
Special Instructions to Filing Officer:			
W17-882907			

Office Use Only



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Y SULKER



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 17, 2017

ANTOINE GAULUPEAU 990 BISCAYNE BLVD OFFICE 701 MIAMI, FL 33132

SUBJECT: CJKIE LLC

Ref. Number: W17000082907

We have received your document for CJKIE LLC and your check(s) totaling \$125.00. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yasemin Y Sulker Regulatory Specialist II

Letter Number: 217A00020976

COVER LETTER

TO:

Registration Section

Divisi	ion of Corporatio	ns					
SUBJECT:	CJKIE LLC					,	
_	Name of Limited Liability Company						
		reign Limited Liability Comed to register the above refer					
Please return a	ll correspondence	concerning this matter to the	following:				
	ANTOINE GA	ULUPEAU				i	
	Name of Person						
						: ! i	
	Firm/Company						
	990 BISCAYNE BLVD OFFICE 701						
	Address						
	MIAMI FL 33132						
		City/S	state and Zip Code			1	
	dmarceau@jade-						
		E-mail address: (to be use	d for future annua	l report no	tification)		
For further info	ormation concernin	g this matter, please call:					
Antoi	ne Gaulupeau		305 at (579-02	20		
	Name c	of Contact Person	Area Code	Day	time Telephone Numb	per	
Divisi Regist P.O. F	LING ADDRESS: on of Corporations tration Section Box 6327 trassee, FL 32314			Division Registrat Clifton B 2661 Exc	of Corporations ion Section uilding centive Center Circle see, FL 32301		
	heck for the follow 25.00 Filing Fee	ing amount: ☐ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filin Certified Copy	ng Fee &	□ \$160.00 Filing Fe of Status & Certified		

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

		IN FL	JORIDA	
		TION 605,0902, FLORIDA STATUTEN, THE F SINFNS IN THE STATE OF FLORIDA:	OLLOWING IS SUBMITTED TO REGIST	FR A FOREKĠN TIMIJED LIABILIE
1.	CJKIE LLC			
٠٠.	(Name of Foreign	Limited Liability Company, must include "Limite	ed Liability Company," "L.E.C.," or "LLC.")	
(lf n	name unavailable, enter alternate r	same adopted for the purpose of transacting business in Flo	orda. The alternate name must include "Lunited Lial	bility Company," "L.1, C," of "Lt.C,")
2. <mark>I</mark>	DELAWARE		3. 82-2505785	
	(Jurisdiction under the law of w	hich foreign lumted hability company is organized)	(FEI numb	per, if applicable)
4.	08/10/2017			
		(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605 0905, F.S. to determine	registration) and penalty liability)	
5.	990 BISCAYNE BLV	D - OFFICE 701	6. 990 BISCAYNE BLVD - 0	OFFICE 701
(Street Address of		Principal Office)	(Mailing Addr	
	MIAMI FL 33132	· · · · · · · · · · · · · · · · · · ·	MIAMI FL 33132	
				
_				
1.	Name and street address	ss of Florida registered agent: (P.O. Box	NOT acceptable)	
	Name:	FIDUCIAL JADE INC		
	Office Address:	990 BISCAYNE BLVD OFFICE 701	-	
		MIAMI	Florida 33132	l I
	gistered agent's accep	(City)	(Zip code	,
		ions of all statutes relative to the proper s of my position as registered agant	Till the same of t	
		(A supposite the supposite that		
8.	The name, title or capa <u>Title or Capacity:</u>	acity and address of the person(s) who ha Name and Address:	ns/have authority to manage is/are: Title or Capacity:	Name and Address:
	AMBR	ANTOINE GAULUPEAU		1
	7.41DIC	990 BISCAYNE BLVD #701		
		MIAMI FL 33132	-	
				
			- -	
(U	se attachments if necess	sary)		
цгі	Attached is a certificate sdiction under the law on the translator must be su	of existence, no more than 90 days old, of which it is organized. (If the certificate abmitted)	duly authenticated by the official have is in a foreign language, a translation	ving custody of records in the on of the certificate under oath
0. ub	This document is execumitted in a document to	ated in accordance with section 605,0203 the Department of State constitutes a thi	(1) (b), Florida Statutes, I am aware rd degree felony as provided for in s	that any false information .817.155, F.S.
		Autoine Signature	or the people of an authorized person	
		ANTOINE GAULUPEAU	,	

Typed or printed name of signee

<u>Delaware</u>

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "CJKIE 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 TWENTY-THIRD DAY OF OCTOBER, A.D. 2017.

Authentication: 203445411

Date: 10-23-17

6507383 8300 SR# 20176734827