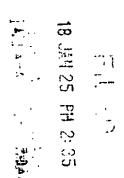
## M18000000878

(Requestor's Name)					
(Address)	<del>-</del>				
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT	MAIL				
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
artw18-2320					



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Office Use Only



January 9, 2018

OMOMARO OKEKARO 6880 NE 72ND CIR E, APT 6 OKEECHOBEE, FL 34972

SUBJECT: JOCOM PROPERTIES, LLC

Ref. Number: W18000002320

We have received your document for JOCOM PROPERTIES, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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.

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

Octavia L Simmons Regulatory Specialist II

> RECEIVED JAN 25 2019

Letter Number: 218A00000576

## COVER LETTER

TO:

TO:		ation Section n of Corporation	s				
SUBJI	ECT: JO	COM PROPERT					
			Name of	Limited Liability (	Company		
			eign Limited Liability Comp d to register the above refer				
Please	return all	correspondence c	oncerning this matter to the	following:			
		Omomaro Ok	ekaro				
			N	ame of Person			
		JOCOM PRO	PERTIES, LLC				
			F	irm/Company			
	14	6880 NE 72N	ID OIR E, APARTMEN'	Т 6			
				Address			
		OKEECHOBE	E FL 34972				
			City/S	tate and Zip Code			
		omo03@yahoo.d	com				
	-		E-mail address: (to be use	d for future annual	report not	ification)	
For fur	ther infori	nation concerning	g this matter, please call:				
	Omom	aro Okekaro		at (_832	331-99	963	
		Name o	f Contact Person	Area Code	Day	time Telephone Number	
	Divisior Registra P.O. Bo	NG ADDRESS: n of Corporations ation Section x 6327 ssee, FL 32314			Division Registrati Clifton B 2661 Exe	of Corporations ion Section fullding fective Center Circle feee, FL 32301	
Enclos		eck for the follow .00 Filing Fee	ing amount: ☐ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filin Certified Copy	ng Fee &	☐ \$160.00 Filing Fee, C of Status & Certified Cop	

## 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:

1. JOCOM PROPERTIES, (Name of Fore	LLC sign Limited Liability Company; must include "Limite	d Liability Company," "L.L.C.," or	"LLC.")	
(If name unavailable, enter al Liability Company," "L.L.C.	ternate name adopted for the purpose of transacting bu" or "LLC.")	siness in Florida. The alternate nan	ne must incl	ude "Limited
2. NEVADA (Jurisdiction under the law company is organized)	of which foreign limited liability	(FEI number, if applicable)	·	
4	(Date first transacted business in Florida, if pr (See sections 605.0904 & 605.0905, F.S. to dete	ior to registration.) rmine penalty liability)	-	
5. 6880 NE 72ND CIR E, A	PARTMENT 6 OKEECHOBEE FL 34972			18
6. 6880 NE 72ND CIR E.	(Street Address of Principal Office) APARTMENT 6 OKEECHOBEE FL 34972		- (C) - (T) -	18 JEN 25 PM 2:35
	(Mailing Address)	· · · ·	-	7.3 w
7. Name and street address	s of Florida registered agent: (P.O. Box <u>NOT</u> ac	eceptable)		ان خ
Name:	Registered Agents Inc.			<b>.y</b> .
Office Address:	3030 N. Rocky Point Dr. STE 150A	<u></u>		
	Tampa	, Florida <u>33607</u> (Zip code)	_	
Registered agent's accep		(Zip code)		
Having been named as redesignated in this applicate to comply with the provision	gistered agent and to accept service of process faction. I hereby accept the appointment as register ons of all statutes relative to the proper and coming position as registered agent.	ed agent and agree to act in thi	is capacity	. I further agree
	(Registered agent's signa	ture)	-	
_	acity and address of the person(s) who has/have a			
Omomaro Okekaro, M	lanager 6880 NE 72ND CIR E, APARTM	IENT 6 OKEECHOBEE FI	34972	
	Dimonon Releas	oreign language, a translation of		
	Signature of an authorized p	person		

Omomaro Okekaro

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes, 1 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.

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, **JOCOM PROPERTIES**, 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 December 11, 2017, and is in good standing in this state.

OF THE PARTY OF TH

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on January 2, 2018.

Balhara K. Cegarske

Barbara K. Cegavske Secretary of State

Electronic Certificate
Certificate Number: C20180102-2071
You may verify this electronic certificate
online at http://www.nvsos.gov/