

stor's Name)						
s)						
es)						
ate/Zip/Phone #)						
WAIT	MAIL					
(Business Entity Name)						
(Document Number)						
Certificates of	Status					
Special Instructions to Filing Officer:						
	nent Number) Certificates of					





02/01/18--01013--019 **125.00





FLORIDA DEPARTMENT OF STATE Division of Corporations

February 2, 2018

JAYSON CRUSE 709 ALLENDALE LAKE RD GREENWOOD, MO 64034

SUBJECT: JP PROPERTY GROUP, LLC

Ref. Number: W18000010935

We have received your document for JP PROPERTY GROUP, 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):

The registered agent must sign accepting the designation.

Please return your document, along with 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.

Dionne M Pijeaux Regulatory Specialist

Letter Number: 918A00002242

RECEIVED FEB 2 0 2018

COVER LETTER

TO: Registration Section

Div	ision of Corporatio	ns					
SUBJECT:	JP Property Group,						
SUBJECT.	Name of Limited Liability Company						
The enclosed Existence, ar	d "Application by Fo nd check are submitte	reign Limited Liability Comp ed to register the above refere	eany for Authoriza enced foreign limit	ition to Transact B led liability compa	usiness in Florida ny to transact bus	," Certif iness in	icate of Florida
Please return	all correspondence	concerning this matter to the	following:				
	Jayson Cruse						
Name of Person						~	
JP Property Group, LLC							
	Firm/Company						
709 Allendale Lake Rd							
Address						-	
	Greenwood, MO 64034						
		City/S	tate and Zip Code	.		_	
	jayson.cruse@g	nail.com					
	 _	E-mail address: (to be used	I for future annual	report notification		2018	ومرسو
For further is	nformation concernit	ng this matter, please call:			2	833	11
Jay	yson Cruse		816 at (509-6063		20	
	Name	of Contact Person	Area Code	Daytime Te	lephone Number	U	
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314			STREET ADDR Division of Corp Registration Sect Clifton Building 2661 Executive C Tallahassee, FL	orations ion	2: 115		
	a check for the follow \$125.00 Filing Fee	ving amount: □ \$130.00 Filing Fee & Certificate of Status	S155,00 Filir Certified Copy	_	50.00 Filing Fee, 0 tus & Certified C		ite

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:

Name of Foreign Limited Liability Company: must include "Limited Liability Company." "L.C." or "LLC."	1. JP Property Group, LL	C				
the name convariable, enter alternate name adopted for the purpose of transacting business in Planida. The alternate name into include "Lowered Gabolity Computing," "LLC," or "LLC." 2. Nexada 3. \$2.1194331 (FEI number, if applicable) 4. 2/1/2018 (Date first transaction business in Florida, it priors to reportition.) See vections, 6/65 0904 & 6/15,0905, F.S. in distribution penalty liability) 5. \$48.N. Rainbow Blvd #1550 (Secon Address of Phorida Tongologica) Las Vegus, N.V. 89107 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Registered Agents Inc. Office Address: 3030 N. Rocky Point Dr., STE 150A Tampa Florida F		Limited Liability Company; must include "Limited	Luability Company, "L.L.C.," or "LLG	(.)		
A 2/1/2018 (Date flor insurated becomes in Elonda, it poor to registration.) (See sections 695 6994 & 605 6995, F.S. to determine penalty liability)		ame adopted for the purpose of transacting business in Flori	ida. The alternate name must include "Limited	Liability Company," "L.L.C," or "LLC.")		
A 2/1/2018 (Date flor insurated becomes in Elonda, it poor to registration.) (See sections 695 6994 & 605 6995, F.S. to determine penalty liability)						
(Date that presented beamers at Hords. If prote to registration). State Alabras of Proceed #1550 Las Vegas, NV 89107 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Registered Agents Inc. Office Address: 3030 N. Rocky Point Dr., STE 150A Tampa Florida 33607 (Cay) Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated limited liability company at the pladesignated in lish application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further a to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I all familiar you and accept the obligations of my position as registered agent. Registered agent's signature (Regostered agent's signature) Registered agent and agree to act in this capacity. I further a to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I all familiar you and accept the obligations of my position as registered agent. Registered agent's signature (Regostered agent's signature) Registered agent was a state of the proper and complete performance of my duties, and I all familiar you and accept the obligations of my position as registered agent. Registered agent's signature Registered agent's acceptance of my duties, and I all familiar you and accept the obligations of my position as registered agent. Registered agent's signature Registered agent's acceptance to the proper and complete performance of my duties, and I all familiar you and accept the obligations of my position as registered agent. Registered agent's acceptance to the proper and complete performance of my duties, and I all familiar you and accept the obligation of the position of the proper and address. Registered agent's acceptance to the proper and complete performance of my duties, and I all familiar you and accept the obligation of the proper and accept th		nich foreign limited hability company is organized)		number, if applicable)		
(Use attachments if necessary) [Base for transacted beamers at blonds. If prote to regardation.] [Base (Aslamo Blvd #1550 Case vections of 60004 & 600 0000 F.S. to determine penalty habitary) [Steet Aslamo of Principal Office) Case Vegas, NV 89107 Case vections of Florida registered agent: (P.O. Box NOT acceptable) [Steet Aslamo of Principal Office) Case Vegas, NV 89107 Case vection of Greenwood, MO 64034 [Registered Agents Inc.] Office Address: 3030 N. Rocky Point Dr., STE 150A Tampa Florida 33607 [Case Vegas of Florida registered Agents Inc.] Florida 33607 Case color Case col	. 2/1/2018					
5. 848 N. Rainbow Bivd #1550 [Street Address of Principal Office] Las Vegas, NV 89107 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Registered Agents Inc. Office Address: 3030 N. Rocky Point Dr., STE 150A Tampa Florida 33607 [City] Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated limited liability company at the places and to accept the appointment as registered agent and agree to act in this capacity. I further a to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I will further and accept the obligations of my position as registered agent. 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Title or Capacity: Name and Address: Op Allendale Lake Rd Greenwood, MO 64034 (Use attachments if necessary) 9. Attached is a certificate of existence, no more than 90 days old, duly authemicated by the official having custody of records in the purishediction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under of the translator must be submitted) 10. This document is executed in accordance with section 605.0203 (1) (b). Florida Statutes. I 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.	**	(Date first transacted business in Florida, if prior to n (See sections 605 0904 & 605 0905, F.S. to determin	rgistration.)			
(Asaling Address) Las Vegas, NV 89107 Greenwood, MO 64034 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Registered Agents Inc. Office Address: 3030 N. Rocky Point Dr., STE 150A Tampa , Florida 33607 (Cap code) Tampa , Florida 33607 (Cap code) Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application. I hereby accept the appointment as registered agent and agree to act in this capacity. I further by accept the proper and complete performance of my duties, and I aid Jamiliar system and accept the obligations of my position as registered agent. Registered agent. Registered agent and address of the person(s) who has/have authority to manage is/arc: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Co-Founder Jayson Cruse Co-Founder Patsy Cruse 709 Allendale Lake Rd Greenwood, MO 64034 (Use attachments if necessary) 9. Attached is a certificate of existence, no more than 90 days old, duly authemicated by the official having custody of records in the purished of the translator must be submitted) 10. This document is executed in accordance with section 605.0203 (1) (b). Florida Statutes. I 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.	s 848 N. Rainbow Blvd					
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Registered Agents Inc. Office Address: 3030 N. Rocky Point Dr., STE 150A Tampa Florida 33607 Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application. I hereby accept the appointment as registered agent and agree to act in this capacity: I further a to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I and Jamiliar pyland accept the obligations of my position as registered agent. (Required agent's signature) 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Title or Capacity: Name and Address: Top Allendale Lake Rd. Greenwood, MO 64034 (Use attachments if necessary) 9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the translator must be submitted) (Use attachments if necessary) 9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the translator must be submitted) 10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I 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.	(Street Address of I		(Mailing	Address)		
Name: Registered Agents Inc. Office Address: 3030 N. Rocky Point Dr., STE 150A Tampa .Florida 33607 (Cuty) .Florida 33607 Registered agent's acceptance:	Las Vegas, NV 89107		Greenwood, MO 64034			
Office Address: Tampa	7. Name and street address	ss of Florida registered agent: (P.O. Box	NOT acceptable)			
Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated limited liability company at the places in this application. I hereby accept the appointment as registered agent and agree to act in this capacity. I further a to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I aim familiar you and accept the obligations of my position as registered agent. Complete the obligations of my position as registered agent. Complete performance of my duties, and I aim familiar you and accept the obligations of my position as registered agent. Complete performance of my duties, and I aim familiar you and accept the obligations of my position as registered agent. Complete performance of my duties, and I aim familiar you and accept the obligations of my position as registered agent. Complete performance of my duties, and I aim familiar you and accept the obligations of my position as registered agent. Complete performance of my duties, and I aim familiar you and accept the obligations of my position as registered agent and complete performance of my duties, and I aim familiar you and accept the obligations of my position as registered agent and complete performance of my duties, and I aim familiar you and accept agent's signature) Some and Address:	Name:	Registered Agents Inc.				
Registered agent s acceptance: Having been named as registered agent and to accept service of process for the above stated limited liability company at the platesignated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity: I further a to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I will further a to comply with the provisions of my position as registered agent. Registered agent sympatric of my position as registered agent. Registered agent sympatric of my position as registered agent and complete performance of my duties, and I will further a to comply with the provisions of my position as registered agent. Registered agent sympatric of my position as registered agent and agree to act in this capacity: I will further a to complete performance of my duties, and I will further a to complete performance of my duties, and I will further a to complete performance of my duties, and I will further a to complete performance of my duties, and I will further a to complete performance of my duties, and I will further a title or capacity: Name and Address: Title or Capacity: Name and Address: Title or Capacity: Name and Address: N	Office Address:	3030 N. Rocky Point Dr., STE 150A				
Registered agent is acceptance: Having been named as registered agent and to accept service of process for the above stated limited liability company at the platesignated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity: I further a to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I will further a to comply with the provisions of my position as registered agent. Registered agent is signature; Registered agent and accept the obligations of my position as registered agent. Registered agent is signature; Registered agent and accept the obligations of my position as registered agent. Registered agent is proper and complete performance of my duties, and I will further a compl		Tamna				
Registered agent s acceptance: Having been named as registered agent and to accept service of process for the above stated limited liability company at the platesignated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity: I further a to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I will further a to comply with the provisions of my position as registered agent. Registered agent sympatric of my position as registered agent. Registered agent sympatric of my position as registered agent and complete performance of my duties, and I will further a to comply with the provisions of my position as registered agent. Registered agent sympatric of my position as registered agent and agree to act in this capacity: I will further a to complete performance of my duties, and I will further a to complete performance of my duties, and I will further a to complete performance of my duties, and I will further a to complete performance of my duties, and I will further a to complete performance of my duties, and I will further a title or capacity: Name and Address: Title or Capacity: Name and Address: Title or Capacity: Name and Address: N			, Florida(Zip	code)		
8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Title or Capacity: Name and Address: Patsy Cruse 709 Allendale Lake Rd Greenwood, MO 64034 (Use attachments if necessary) 9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under of the translator must be submitted) 10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I 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.	to comply with the provisi	ions of all statutes relative to the proper	and complete performance of n	ny duties, and I am familiar with		
8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Co-Founder Jayson Cruse 709 Allendale Lake Rd Greenwood, MO 64034 (Use attachments if necessary) 9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under of the translator must be submitted) 10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I 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.		(Registered agent's s	ignature)			
(Use attachments if necessary) 9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under of the translator must be submitted) 10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I 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.				း 👙 ပ		
(Use attachments if necessary) 9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under of the translator must be submitted) 10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes, I 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.	Co-Founder	Jayson Cruse	Co-Founder	Patsy Cruse		
9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under of the translator must be submitted) 10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes, I 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.						
9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under of the translator must be submitted) 10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes, I 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.						
jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under of the translator must be submitted) 10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I 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.	(Use attachments if neces	sary)				
submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.	jurisdiction under the law	of which it is organized. (If the certificate				
Signature of an authorized person						
		Signature o	of an authorized person			

Typed or printed name of signee

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE STANDING 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, JP PROPERTY GROUP, 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 April 12, 2017, 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 January 25, 2018.

Bouliars K. Cegevske

Barbara K. Cegavske Secretary of State

Electronic Certificate
Certificate Number: C20180125-1044
You may verify this electronic certificate
online at http://www.nvsos.gov/