

MI8000001870

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

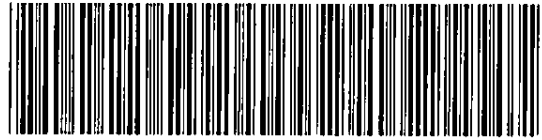
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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- ☐ **CERTIFIED COPY** _____
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- 1. JMERCHANTS FL LLC
(CORPORATE NAME AND DOCUMENT #)
- 2. _____
(CORPORATE NAME AND DOCUMENT #)
- 3. _____
(CORPORATE NAME AND DOCUMENT #) *File 1st*
- 4. _____
(CORPORATE NAME AND DOCUMENT #)
- 5. _____
(CORPORATE NAME AND DOCUMENT #)
- 6. _____
(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS: _____

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. JMerchants FL LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Wyoming
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 82-2284237
(FEI number, if applicable)

4. 02/15/2018
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. JMerchants FL LLC (DBA HighStreet)
(Street Address of Principal Office)
1710 Oviedo Mall Blvd # 1440
Oviedo, FL 32765

6. JMerchants FL LLC
(Mailing Address)
284 E. Lake Mead Pkwy # 135
Henderson, NV 89015

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Registered Agent Solutions, Inc

Office Address: 155 Office Plaza Dr Suite A

Tallahassee, Florida 32301
(City) (Zip 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 agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Adam Saldaña, Asst. Sec.
(Registered 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:	Title or Capacity:	Name and Address:
Managing Member	Yvonne Uram 284 E. Lake Mead Pkwy # 135 Henderson, NV 89015		
100%			

(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 oath 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.

Yvonne Uram
(Signature of an authorized person)

Yvonne Uram

(Typed or printed name of signer)

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STATE OF WYOMING
Office of the Secretary of State

I, KAREN L. WHEELER, ACTING SECRETARY OF STATE of the STATE OF WYOMING,
do hereby certify that according to the records of this office,

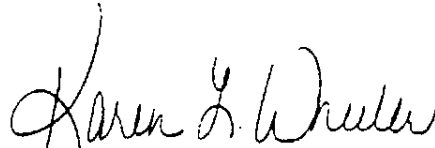
JMerchants FL LLC
is a
Limited Liability Company

formed or qualified under the laws of Wyoming did on **August 25, 2017**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2017-000766527**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 22nd day of February, 2018 at 11:06 AM. This certificate is assigned 025628223.





Acting Secretary of State