## M18000003359

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J. LEGGETT APR 0 9 2018



April 6, 2018

DAMIAN D DALEY, ESQ 15150 NW 79TH CT STE 195 MIAMI LAKES, FL 33016 US

SUBJECT: S2 JAX 5 LLC Ref. Number: W18000032876

We have received your document for S2 JAX 5 LLC and your check(s) totaling \$130.00. 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.

Please return the corrected original and one copy of 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.

Letter Number: 018A00006990

Judy A Leggett Regulatory Specialist II Registration Section

www.sunbiz.org

## COVER LETTER

| TO:                     | Registration Section<br>Division of Corporation  | 18   |                                    |   |   |  |  |  |  |
|-------------------------|--|--|------------------------------------|---|---|--|--|--|--|
| SUBJE                   | S2 Jax 5 LLC   |  |                                    |   |   |  |  |  |  |
|                         |  | Name of I  | Limited Liability                  | Company   |   |  |  |  |  |
|                         |  | reign Limited Liability Comp<br>d to register the above refere |                                    |   |   |  |  |  |  |
| Please                  | return all correspondence  | concerning this matter to the                                  | following:                         |   |   |  |  |  |  |
|                         | Damian D. Dal  | ey, Esq.   |                                    |   |   |  |  |  |  |
|                         | Name of Person   |  |                                    |   |   |  |  |  |  |
|                         | DLF ATTORNEYS  |  |                                    |   |   |  |  |  |  |
|                         | Firm/Company   |  |                                    |   |   |  |  |  |  |
|                         | 15150 NW 79th Ct. Suite 195  |  |                                    |   |   |  |  |  |  |
| Address                 |  |  |                                    |   |   |  |  |  |  |
|                         | Miami Lakes, FL 33016  |  |                                    |   |   |  |  |  |  |
| City/State and Zip Code |  |  |                                    |   |   |  |  |  |  |
|                         | rwily@wandjlav   | .com   |                                    |   |   |  |  |  |  |
|                         | E-mail address: (to be used for future annual report notification)   |  |                                    |   |   |  |  |  |  |
| For furt                | her information concernin  | g this matter, please call:                                    |                                    |   |   |  |  |  |  |
|                         | Damian D. Daley, Esq.  |  | _at (                              | 837-773<br>)  |   |  |  |  |  |
|                         | Name o   | f Contact Person   | Area Code                          | Day   | time Telephone Number   |  |  |  |  |
|                         | MAILING ADDRESS:<br>Division of Corporations<br>Registration Section<br>P.O. Box 6327<br>Tallahassee, FL 32314 |  |                                    | Division of<br>Registrati<br>Clifton Bi<br>2661 Exe | ADDRESS: of Corporations on Section uilding cutive Center Circle ee, FL 32301 |  |  |  |  |
| Enclose                 | d is a check for the follow<br>☐ \$125.00 Filing Fee   | ing amount:  ■ \$130.00 Filing Fee & Certificate of Status     | ☐ \$155.00 Filin<br>Certified Copy | _   | ☐ \$160.00 Filing Fee, Cer<br>of Status & Certified Copy                      |  |  |  |  |

## 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 COMPANYTO TRANSACT BUSINESS INTITIE STATE OF FLORIDA:

| 1.        | S2 Jax 5 LLC<br>(Name of Foreign               | Limited Liability Company; must include "Limite  | d Liability                       | Company," "L.L.C.," or "LLC.")        | ,                                     |                  |  |  |  |
|-----------|--|--|-----------------------------------|---------------------------------------|---------------------------------------|------------------|--|--|--|
| <u>ar</u> | name magnilable enter alternate o              | name adopted for the purpose of transacting business in Flo  | oids. The site                    | mate name must include "I imited I is | hility Company " "I. I.               | C " or "1.1 C ") |  |  |  |
| •         | Delaware                                       | and adopted for the purpose of transacting distincts in the  |                                   | THE CHEST CHEST CANDICALISE           | omy company, c.c                      | , 0, 222. )      |  |  |  |
| 2.        |  | hich foreign limited liability company is organized)   | 3                                 | (FEI numb                             | per, if applicable)                   |                  |  |  |  |
|           |  |  |                                   | ·                                     | ,                                     |                  |  |  |  |
| 4.        | N/A  | (5)  |                                   |                                       | <del></del>                           |                  |  |  |  |
|           |  | (Date first transacted business in Florida, if prior to<br>(See sections 605.0904 & 605.0905, F.S. to determ | registration.)<br>ine penalty lia | ibility)                              |                                       |                  |  |  |  |
| 5.        | S2 Capital                                     |  | 6                                 | S2 Capital                            |                                       |                  |  |  |  |
|           | (Street Address of Principel Office)           |  |                                   | (Mailing Add                          | ,                                     | <u></u>          |  |  |  |
|           | 5055 Keller Springs Rd., Suite #550            |  |                                   | 5055 Keller Springs Rd., Suite #550   |                                       |                  |  |  |  |
|           | Addison, TX 75001                              |  | _                                 | Addison, TX 75001                     | · · · · · · · · · · · · · · · · · · · | <del></del>      |  |  |  |
| 7.        | Name and street addres  Name:  Office Address: | of Florida registered agent: (P.O. Box<br>CT Corporation 5 y 54cm<br>1200 S. Pine Island Rd. #250            | NOT ac                            | ceptable)                             |                                       | 6 PH 3: 2        |  |  |  |
|           | Office Address.                                |  |                                   | <del></del>                           |                                       | ان' 'د           |  |  |  |
|           |  | Plantation   |                                   | , Florida 33324 (7.ip cod             | <del></del>                           | <b>7.</b>        |  |  |  |
| R         | egistered agent's accep                        | (City)   |                                   | (/.ip cod                             | c)                                    |                  |  |  |  |
|           | . The name, title or capa                      | of my position as registered agent.  (Registered agent's acity and address of the person(s) who has          | is/have au                        |                                       |                                       |                  |  |  |  |
|           | Title or Capacity:                             | Name and Address:  | 110                               | e or Capacity:                        | Name and A                            | ddress:          |  |  |  |
|           | Manager  | Scott Everett  |                                   |                                       |                                       |                  |  |  |  |
|           |  | 5055 Keller Springs Rd. Addison, TX 75001  | _                                 |                                       | •                                     |                  |  |  |  |
|           | <del> </del>                                   |  | -<br>-<br>-                       |                                       |                                       |                  |  |  |  |
| (U        | Use attachments if neces                       | sary)  |                                   |                                       |                                       |                  |  |  |  |
| ju        |  | of existence, no more than 90 days old, of which it is organized. (If the certificat ubmitted)               |                                   |                                       |                                       |                  |  |  |  |
|           |  | uted in accordance with section 605.0203<br>the Department of State constitutes a thi                        |                                   |                                       |                                       | information      |  |  |  |
|           | Signature of an authorized person              |  |                                   |                                       |                                       |                  |  |  |  |
|           |  | Signature  | or an authoriz                    | ted person                            |                                       |                  |  |  |  |
|           |  | Damian D. Daley, Esq.  |                                   |                                       |                                       |                  |  |  |  |
|           |  | Timed as   | printed name                      | ofsiones                              |                                       |                  |  |  |  |

## Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY THAT "S2 JAX 5 LLC" IS DULY FORMED

UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND

HAS A LEGAL EXISTENCE NOT HAVING BEEN CANCELLED OR REVOKED SO FAR

AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO

TRANSACT BUSINESS.

THE FOLLOWING DOCUMENTS HAVE BEEN FILED:

CERTIFICATE OF FORMATION, FILED THE FOURTEENTH DAY OF MARCH,
A.D. 2018, AT 11:18 O'CLOCK A.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID

CERTIFICATE IS THE ONLY PAPER OF RECORD, THE LIMITED LIABILITY

COMPANY IN QUESTION NOT HAVING FILED AN AMENDMENT NOR HAVING

MADE ANY CHANGE WHATSOEVER IN THE ORIGINAL CERTIFICATE AS FILED.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.

e at coro delaware gov/aut

Authentication: 202434656

Date: 04-02-18

6798045 8315 SR# 20182350778