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(Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	18 APR - 6 Ph 3

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FLORIDA DEPARTMENT OF STATE Division of Corporations

April 6, 2018

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

SUBJECT: S2 JAX 6 LLC Ref. Number: W18000032874

We have received your document for S2 JAX 6 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.

Judy A Leggett Regulatory Specialist II Registration Section

Letter Number: 718A00006989

COVER LETTER

TO: Registration Section Division of Corporations

S2 Jax 6 LLC

SUBJECT: _

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Damian D. Daley, 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@wandjlaw.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 837-7733 Damian D. Daley, Esq. 786 at (Area Code Name of Contact Person Daytime Telephone Number MAILING ADDRESS: STREET ADDRESS: Division of Corporations Division of Corporations **Registration Section** Registration Section Clifton Building P.O. Box 6327 Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301

Enclosed is a check for the following amount:

□ \$125.00 Filing Fee \$\$130.00 Filing Fee \$□\$155.00 Filing Fee \$□\$160.00 Filing Fee, Certificate Certificate of Status Certified Copy 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 COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1 S	2 Jax	: 6 1	LC
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	ame adopted for the purpose of transacting business in F	iorida. The alter	mate name must include "Climited Lukbuity Compar	iy," "LLC," or "LL
Delaware		3		
(Jurisdiction under the law of w	hich foreign limited liability company is organized)		(FEI number, if applica	ble)
N/A				
	(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to deten	o registration.) nine penalty ha	bility)	
S2 Capital		6.	S2 Capital	1.2
(Street Address of I	rincipal Office)		(Mailing Address)	
5055 Keller Springs F	Id., Suite #550		5055 Keller Springs Rd., Suite #5	50
Addison, TX 75001			Addison, TX 75001	2
		_		
Name and street addres	s of Florida registered agent: (P.O. Bo	x <u>NQT</u> ac	ceptable)	,. ,
Name:	CT Corporation System			
Office Address:	1200 S. Pine Island Rd. #250			Ξ.
onnee maaless.	Plantation		Florida 33324	
	(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.

Registered Agenu'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:	Litle or Capacity:	Name and Address:
Manager	Scott Everett		
<u> </u>	5055 Keller Springs Rd.		
	Addison, TX 75001		

(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.

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Signature of an authorized person

Damian D. Daley, Esq.

Typed or printed name of signee



The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT "S2 JAX 6 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 11:21 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 SAID "S2 JAX 6 LLC" WAS FORMED ON THE FOURTEENTH DAY OF MARCH, A.D. 2018.

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



Authentication: 202435483 Date: 04-02-18

Page 1

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You may verify this certificate online at corp.delaware.gov/authver.shtml