(Requestor's Name)	
(Address) (Address)	900315403719
(City/State/Zip/Phone #)	07/11/1801023011 **160.00
(Business Entity Name)	
(Document Number)	日本
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	JUL 20 2018

## COVER LETTER

#### TO: Registration Section Division of Corporations

Jewell Hotel, 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:

Sherry Schultz	:			
······	Ň	ame of Person		
Schultz Law L	LC			
	Fi	rm/Company		
PO Box 6680				
		Address		······································
Metairie, LA T	70009			
	City/S	tate and Zip Code		
hal_fairbanks@	yahoo.com			
	E-mail address: (to be use	d for future annual i	report not	ification)
For further information concerning	ng this matter, please call:			
Sherry Schultz		504 at (	900-802	20
Name	of Contact Person	Area Code	Day	time Telephone Number
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327		<u>STREET ADDRESS:</u> Division of Corporations Registration Section Clifton Building		
Tallahassee, FL 32314		2661 Executive Center Circle Tallahassee, FL 32301		
Enclosed is a check for the follow			-	
□ \$125.00 Filing Fee	□ \$130.00 Filing Fee & Certificate of Status	<ul> <li>Certified Copy</li> </ul>	g Fee &	■ \$160.00 Filing Fee, Certificate 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. Jewell Hotel, LLC

(Name of Foreign	Limited Liability Company; must include "Limit	ed Liability Co	mpany," "L.L.C.," or "LLC.")			_	
(If name unavailable, enter alternate n	ame adopted for the purpose of transacting business in Fl	orida. The alterns	te name must include "Limited Liability	y Company," "L	L.C," or "I	<u></u>	
, Louisiana		3, 83	-1032131				
(Jurisdiction under the law of w	an under the law of which foreign limited liability company is organized)		(FEI number, if applicable)				
4. June 27, 2018							
	(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determ	registration.) ine penalty habil	ity)				
5. 1364 Moss St		6 13	64 Moss St			_	
(Street Address of I	• • •		(Mailing Address	)		-	
New Orleans, LA 7011	19	Ne	w Orleans, LA 70119			_	
7 Name and street oddre	ss of Florida registered agent: (P.O. Bo				2015 .	_	
. Name and <u>street addres</u>	S of Fionua registered agent. (F.O. Do.	( <u>NOT</u> auc	platic)	25-5	J		
Name:	Eric Greschner			<i>,</i> ,,	JUI_		
Office Address:	236 N.W. 3rd Ct					г	
	Boca Raton		, Florida <u>33432</u>		ידי גד	t	
	(City)		(Zip code)		ਪੁੰ		
Registered agent's accep	tance:			<u>ت</u>	~~~		

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.

Jus nu

(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:
Co-Manager	Eric Greschner 236 N.W. 3rd Ct. Boca Raton, FL 33432	Co-Manager	Catalyst Development, LLC 1364 Moss St New Orleans, LA 70119

(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.

Signature of an authorized person

Eric Greschner

Typed or printed name of signee



the Articles of Organization of

# JEWELL HOTEL, LLC

Domiciled at NEW ORLEANS, LOUISIANA,

Were filed in this Office and a Certificate of Organization was issued on June 26, 2018,

I further certify that no Certificate of Dissolution or Termination has been issued.

In testimony whereof, I have hereunto set my hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on,

June 26, 2018

K 1 Fr Mor Secretary of State

Web 43108815K



Certificate ID: 10967650#3CS93

To validate this certificate, visit the following web site, go to Business Services, Search for Louisiana Business Filings, Validate a Certificate, then follow the instructions displayed. www.sos.la.gov