

M/1800007392

(Requestor's Name)

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(Address)

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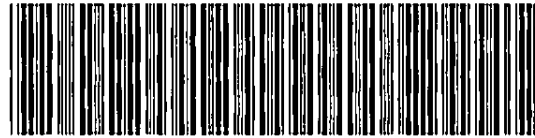
(Business Entity Name)

(Document Number)

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AUG 10 2018
S. YOUNG

FILED
18 AUG -6 PM 5:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JIT MIAMI LLC

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:

LEWAA ABDULKHALEK

Name of Person

JITROIS

Firm/Company

959 MADISON AVENUE

Address

NEW YORK, NY 10021

City/State and Zip Code

LEWAA@JITROIS.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LEWAA ABDULKHALEK

917

5262032

at ()

Name of Contact Person

Area Code

Daytime Telephone Number

MAILING ADDRESS:

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☒ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy

☐ \$160.00 Filing Fee, Certificate
of Status & Certified Copy

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

18 AUG - 6 PM 5:00

FILED

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS
IN FLORIDA

IN COMPLIANCE WITH SECTION 605.002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. JIT MIAMI LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C." or "LLC.")

JITROISMIAMI 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. DELAWARE 3. 81-4566329
(Jurisdiction under the law of which foreign limited liability company is organized) (F.I.I. number, if applicable)

4. N/A
(Date first transacted business in Florida, if prior to registration)
(See sections 605.004 & 605.005, F.S. to determine penalty liability)

5. 9700 Collins Avenue #231 6. 959 MADISON AVENUE
(Street Address of Principal Office) (Mailing Address)
Ball Harbour, FL 33154 NEW YORK, NY 10021

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

Name: COGENCYGLOBAL INC.
Office Address: 115 North Calhoun Street, Suite 4
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.

Colleen Humes
(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<u>Managing Member</u>	<u>Lewaa Abdulkhalek</u> <u>2728 Thomson Ave, Unit 352</u> <u>Long Island City, NY 11101</u>		

(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.

Lewaa Abdulkhalek
(Signature of an authorized person)

Lewaa Abdulkhalek
(Typed or printed name of signer)

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18 AUG -6 PM 5:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT
COPY OF THE CERTIFICATE OF FORMATION OF "JIT MIAMI LLC", FILED
IN THIS OFFICE ON THE TWELFTH DAY OF JULY, A.D. 2016, AT 2:14
O'CLOCK P.M.

FILED
18 AUG -6 PM 5:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA




Jeffrey W. Bullock, Secretary of State

6094414 8100
SR# 20164872340

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

Authentication: 202643783
Date: 07-12-16

State of Delaware
Secretary of State
Division of Corporations
Delivered 02:14 PM 07/12/2016
FILED 02:14 PM 07/12/2016
SR 20164872340 - File Number 6094414

**STATE of DELAWARE
LIMITED LIABILITY COMPANY
CERTIFICATE of FORMATION**

First: The name of the limited liability company is "JIT Miami LLC".

Second: The address of the registered office in the state of Delaware is 850 New Burton Road, Suite 201, in the city of Dover, county of Kent, Delaware 19904. The name of its registered agent at this address is National Corporate Research, Ltd.

IN WITNESS WHEREOF, the undersigned has executed this Certificate of Formation this 12th day of July, 2016.

By: _____

Name: Jeremy Sigall

Title: Authorized Representative

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18 AUG - 6 PM 5:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA