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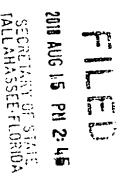
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
W18-48786





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07/23/18--01043--019 **125.00



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July 27, 2018

TRACEY L. RUEFF, EA 210 MICANOPY CT INDIAN HARBOUR BEACH, FL 32937

SUBJECT: CHACHA J1 GROUP, LLC

Ref. Number: W18000068786

We have received your document for CHACHA J1 GROUP, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return 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.

Deborah Bruce Corporate Records Supervisor

Letter Number: 418A00015528 LLAHASSEE FLOR

COVER LETTER

TO: Registration Section

Div	ision of Corporatio	ns						
SUBJECT:	Chacha J1 Group, I	LC						
		Name of	Limited Liability	Company				
		reign Limited Liability Com ed to register the above refe						
Please return	all correspondence	concerning this matter to the	e following:					
	Tracey L. Ruel	ff, EA						
		,	Same of Person					
	Tracey L. Ruel	ff, EA						
		ŀ	Firm/Company					
	210 Micanopy	Court						
			Address					
	Indian Harbou	r Beach, FL 32937						
		City/9	State and Zip Code		•			
	traceting@gmail	l.com				33.K	2018 /	- 7
		E-mail address: (to be use	ed for future annua	l report no	tification)	至	AUG	-
For further in	iformation concernin	g this matter, please call:				YESE!	9 7	خمة مصد
Tra	cey L. Rueff, EA		772 at (410-62	286	4 07 5)	P# 2:	F
	Name c	of Contact Person	Area Code	Day	gtime Telephone Numb	height.	£.	*34. **
Div Reg P.O	ILING ADDRESS: ision of Corporations istration Section . Box 6327 ahassee, FI, 32314			Division Registrat Clifton F 2661 Exc	of Corporations ion Section Building ecutive Center Circle see, F1, 32301	3*'	•	
	check for the follow 125,00 Filing Fee	ring amount: □ \$130.00 Filing Fee & Certificate of Status	S155.00 Filia Certified Copy	ng Fee &	□ \$160.00 Filing Fo of Status & Certific		ficate	

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

IN COMPILANCE WITH SECTION 605,0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT RUSINESS. IN THE STATE OF FLORIDA:

Chacha JI Group, LLC			
(Name of Foreign	Limited Liability Company; must include "Limited	Liability Company," "L.L.C.," or "L.	LC ")
If name may allable, enter alternate in	ame adopted for the purpose of transacting business in Florid	da. The alternate name must include "Limit	ed Liability Company," "L L.C," or "LLC.")
2 Wyoming		3. 82-3721279	
	nich föreign limited liability company is organized)	J	I number, if applicable)
July 1, 2018			
··	(Date first transacted business in Florida, if prior to re (See sections 605 0904 & 605,0905, F.S. to determine		
5. 8800 US Highway 1		6. 8800 US Highway 1	
(Street Address of F Micco, FL 32976	rincipal Office)	Micco, FL 32976	g Address)
MICCO, 1 L 32970	 	111cco. 113 32770	
			22
7 Namu and street address	s of Florida registered agent: (P.O. Box	NOT accentable)	2018 AUG 1-5 TALLAHASS
		1332 acceptance	AUG -
Name:	Harry Singh		35 E 1
Office Address:	8800 US Highway 1		
	Micco	Florida <u>32976</u>	
	(City)	(2	ip code)
lesignated in this applica o comply with the provisi	gistered agent and to accept service of pt tion, I hereby accept the appointment as ions of all statutes relative to the proper o	registered agent and agree to) act in this capacity. I further ag
designated in this applica to comply with the provisi	tion, I hereby accept the appointment as ions of all statutes relative to the proper of s of my position as registered agent.	registered agent and agree to and complete performance of _) act in this capacity. I further ag
designated in this applica to comply with the provisi	tion, I hereby accept the appointment as ions of all statutes relative to the proper o	registered agent and agree to and complete performance of _) act in this capacity. I further ag
designated in this applica to comply with the provisi and accept the obligation.	tion, I hereby accept the appointment as ions of all statutes relative to the proper of s of my position as registered agent.	registered agent and agree to and complete performance of Management) act in this capacity. I further ag my duties, and I am familiar wit
designated in this applica to comply with the provisi and accept the obligation. 8. The name, title or capa Title or Capacity:	tion, I hereby accept the appointment as ions of all statutes relative to the proper of sof my position as registered agent. (Registered agent's sof acity and address of the person(s) who has Name and Address:	registered agent and agree to and complete performance of aghanganue) s/have authority to manage is/a) act in this capacity. I further ag my duties, and I am familiar wit.
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Typed or printed name of signee

STATE OF WYOMING Office of the Secretary of State

I, EDWARD A. BUCHANAN, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

CHACHA JI GROUP LLC

is a

Limited Liability Company

formed or qualified under the laws of Wyoming did on **December 15**, **2017**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2017-000780636**.

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 20th day of July, 2018 at 11:37 AM. This certificate is assigned 027288636.

Secretary of State

Notice. A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website http://wyobiz.wy.gov and following the instructions displayed under Validate Certificate.