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AUG 2 4 2018

D CUSHING

COVER LETTER

Registration Section
Division of Corporations

TO:

		Name of	Limited Liability	Сотрапу		
The enclosed ' Existence, and	'Application by Fo	reign Limited Liability Com ed to register the above refer	pany for Authoriz renced foreign lim	ation to Traited liability	ansact Business in Florida, y company to transact busi	" Certificate iness in Flor
Please return a	ll correspondence	concerning this matter to the	e following:			
	MALAREE T	HOMPSON				
		А	lame of Person			-
	WILENSKY 8	& JONES, LLP				
•		F	irm/Company			-
	3109 CARLIS	LE STREET, SUITE 100				
			Address			-
	DALLAS, TE	XAS 75204				
		City/S	State and Zip Code			
-	mthompson@wa	ındjlaw.com				
		E-mail address: (to be use	d for future annua	l report not	ification)	ئير ورد . ن الد ر
or further info	ormation concernir	g this matter, please call:				2
MAL	AREE THOMPSO	N	214 at (220-21.	30	- in :
	Name o	of Contact Person	Area Code	Day	time Telephone Number	ំអ វ
Divisi Regist P.O. F	on of Corporations ration Section Box 6327 assee, FL 32314			Division Registrati Clifton B 2661 Exe	of Corporations ion Section uilding cutive Center Circle ee, FL 32301	
	heck for the follow 25.00 Filing Fee	ring amount: \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filir Certified Copy	ng Fee &	■ \$160.00 Filing Fee, C of Status & Certified Co	

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

N COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY. COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

me unavailable, enter alternate	name adopted for the purpose of transacting business in F	florida. The al	emate name must include "Limited	Liability Company,"	"L.L.C," or "LLC."
ELAWARE		3.	83-1195607		
(Inrisdiction under the law of	which foreign limited liability company is organized)			nunber, if applicable)	
·····	(Date first transacted business in Florida, if prior t (See sections 605 0904 & 605 0905, F.S. to deten	o registration mine penalty l) ability)		
	NG ROAD, SUITE 550	6.	5055 KELLER SPRING		ΓE 550
(Street Address of ADDISON, TX 7500		-	(Mailing ADDISON, TX 75001	Address)	
		-		<u> </u>	
ame and street addre	ss of Florida registered agent; (P.O. Bo	x <u>NOT</u> ac	cceptable)		<u> </u>
Name:	CT CORPORATION SYSTEM				33 -
Office Address:	1200 SOUTH PINE INSLAND ROAI	D			-
Office Address:	PLANTATION				1,0
Office Address:	PLANTATION		Clorida 33324		R
stered agent's acceping been named as remaided in this applicantly with the provisi	gistered agent and to accept service of pains, I hereby accept the appointment a lons of all statutes relative to the proper sof my position as registered agent.	s register and com	or the above stated limit ed agent and agree to a plete performance of m	ct in this capac y duties, and I	ب آم pany at the p ity. I further
stered agent's acceping been named as renated in this applicantly with the provisi	(Cay) tance: gistered agent and to accept service of plant, I hereby accept the appointment alons of all statutes relative to the proper to from position as registered agent.	s register and com	(2:0) Or the above stated limit ed agent and agree to a	ed liability con. ct in this capac y duties, and l	ب آم pany at the p ity. I further
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stered agent's acceping been named as renated in this applications occupt the obligations occupt the obligations of the name, title or capacity: MANAGER attachments if necessached is a certificate of the occuptions occupied the occupacity:	tance: gistered agent and to accept service of tion, I hereby accept the appointment at ons of all statutes relative to the proper of my position as registered agent. (Register Agent's city and address of the person(s) who has a Name and Address: SCOTT EVERETT 5055 Keller Springs Rd Ste 55 Addison, Texas 75001 ary) of existence, no more than 90 days old, of which it is organized. (If the certificate	s register and com Sichol M signature) is/have au Title	or the above stated limited agent and agree to a plete performance of manage is/are thority to manage is/are to or Capacity:	ed liability come or in this capac y duties, and I ceretary Name and	קי pany at the p ity. I further am familiar s Address:



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

DELAWARE, DO HEREBY CERTIFY "S2 JASMINE LLC" IS DULY FORMED UNDER

THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A

LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF

THE FOURTEENTH DAY OF AUGUST, A.D. 2018.

Authentication: 203245897

Date: 08-14-18