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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

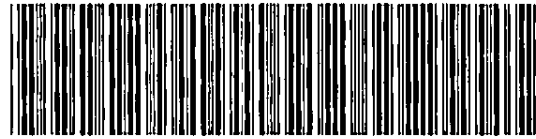
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SECRETARY OF STATE
DIVISION OF CORPORATIONS
18 AUG 28 PM 3:46

AUG 29 2018

D CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

JCM2 Ventures 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:

Michael Murphy / Karen Wheeler Murphy

Name of Person

JCM2 Ventures LLC

Firm/Company

PO BOX 1624

Address

Gloucester. Ma. 01931

City/State and Zip Code

mmurphy.rapidsource@gmail.com

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

For further information concerning this matter, please call:

Michael Murphy

Name of Contact Person

at (978) 290-9293

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

RECEIVED
DIVISION OF CORPORATIONS
18 AUG 29 PM 3:46



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 24, 2018

MICHAEL MURPHY / KAREN WHEELER MURPHY
JCM2 VENTURES LLC
PO BOX 1624
GLOUCESTER, MA 01931

SUBJECT: JCM2 VENTURES LLC
Ref. Number: W18000076983

We have received your document for JCM2 VENTURES LLC and your check(s) totaling \$160.00. However, the document has not been filed and is being retained in this office for the following:

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 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) 245-6050.

Diane Cushing
Senior Section Administrator

Letter Number: 318A00017628

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. JCM2 Ventures LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "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. State of Massachussetts 3. 47-2206437
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. _____
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 24 Washington St 6. PO BOX 1624
(Street Address of Principal Office) (Mailing Address)
Gloucester. Ma. 01930 Gloucester. Ma. 01931

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

Name: Michael Murphy

Office Address: 2950 Winkler Ave

Ft Meyers, Florida 33916
(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 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>Manager</u>	<u>Michael Murphy</u> <u>PO BOX 1624</u> <u>Gloucester. Ma. 01931</u>	<u>Manager</u>	<u>Karen Wheeler-Murphy</u> <u>PO BOX 1624</u> <u>Gloucester. Ma. 01931</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)

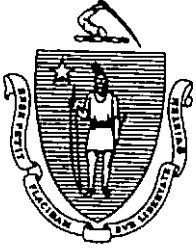
10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

(Signature of an authorized person)

Michael Murphy

Typed or printed name of signee

FILED
STATE DEPT OF STATE
DIVISION OF CORPORATIONS
19 AUG 28 PM 3:44



William Francis Galvin
Secretary of the
Commonwealth

The Commonwealth of Massachusetts
Secretary of the Commonwealth
State House, Boston, Massachusetts 02133

August 24, 2018

TO WHOM IT MAY CONCERN:

I hereby certify that a certificate of organization of a Limited Liability Company was filed in this office by

JCM2 VENTURES LLC

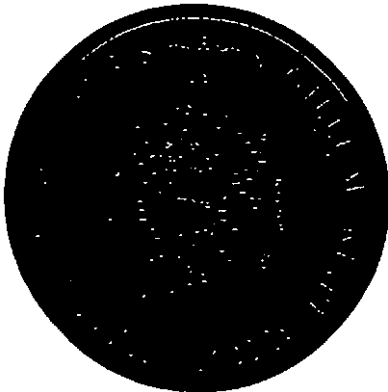
in accordance with the provisions of Massachusetts General Laws Chapter 156C on **September 30, 2015.**

I further certify that said Limited Liability Company has filed all annual reports due and paid all fees with respect to such reports; that said Limited Liability Company has not filed a certificate of cancellation or withdrawal; and that said Limited Liability Company is in good standing with this office.

I also certify that the names of all managers listed in the most recent filing are:
MICHAEL MURPHY, KAREN MURPHY

I further certify, the names of all persons authorized to execute documents filed with this office and listed in the most recent filing are: **MICHAEL MURPHY, KAREN MURPHY**

The names of all persons authorized to act with respect to real property listed in the most recent filing are: **MICHAEL MURPHY, KAREN MURPHY**



In testimony of which,
I have hereunto affixed the
Great Seal of the Commonwealth
on the date first above written.

William Francis Galvin
Secretary of the Commonwealth