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EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

J.W. Financial Solutions, 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:

- Total Collection of the Collection	comerting and matter to the	o tottowing.	
John S	Sandoval		
	٨	lame of Person	
1 \// E	inancial Solu	tions IIC	
3.V. 1	manciai Solu	uons, LLC	
	F	irm/Company	
555 A	nton Bouleva	rd 1st Floo	r
		Address	
Costa	Mesa, CA 92	626	
-	City/S	State and Zip Code	
johncal	oo28@gmail.		
	E-mail address: (to be use	d for future annual repo	ort notification)
For further information concerni	ng this matter, please call:		· .
David Torr	es	702 ₇	207044
Name	of Contact Person	Area Code	Daytime Telephone Number
MAILING ADDRESS Division of Corporation Registration Section P.O. Box 6327 Tallahassee, FL 32314	: is	Div Reg Clif 206	REET ADDRESS: ision of Corporations pistration Section from Building 1 Executive Center Circle ahassee, FL 32301
Enclosed is a check for the follow			
☐ \$125.00 Filing Fee	☐ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Fed Certified Copy	e & S160.00 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:

		"Limited Liability Company," "L.L.C.," or "Ll.			
	nate name adopted for the purpose of transacting busin	ness in Florida. The alternate name must include "Limite	d Liability Company," "L.L.C," or "LLC.")		
2. Puerto Rico	of which foreign limited liability company is organize	3.	number, if applicable)		
	or water savings interest indicate excepting to digentee	(rei	namoer, it approximely		
4. <u>N/A</u>	(Date first transacted business in Florida,	If prior to recistration)			
EEE Amton Do	(See sections 605.0904 & 605.0905, F.S.	to determine penalty limbility)			
5. 555 Anton Boulevard 1st Floor (Street Address of Principal Office) Costa Mesa CA 92626			6. 555 Anton Boulevard 1st Floor		
		Costa Mesa CA 9	2626		
7. Name and street ad	dress of Florida registered agent: (P.	O. Box NOT acceptable)			
Name:	Registered Agents Inc.	,			
Office Addre	ss: 3030 N. Rocky Point Dr.	STE 150A			
Office Addie	_		_		
	Tampa (City)	, Florida 33607			
Registered agent's ac	cceptance:	(Zig	o code)		
and accept the obligat	ovisions of all statutes relative to the parties of my position as registered age	proper and complete performance of i	ny duties, and I am familiar with		
and accept the obliga	tions of all statutes relative to the plans of my position as registered age	proper and complete performance of i			
ana accept the obligat	visions of all statutes relative to the plans of my position as registered age Bee (Registered (Reg	proper and complete performance of i	ny duties, and I am familiar with		
ana accept the obliga	positions of all statutes relative to the plans of my position as registered age (Registered capacity and address of the person(s)	proper and complete performance of i	ny duties, and I am familiar with		
8. The name, title or	tions of all statutes relative to the plans of my position as registered age (Registered capacity and address of the person(s)	proper and complete performance of i ent. d spent's signature) who has/have authority to manage is/ar	ny duties, and I am familiar with		
8. The name, title or Title or Capacity	Registered age (Registered age (Regist	proper and complete performance of i ent. d spent's signature) who has/have authority to manage is/ar	e: Name and Address:		
8. The name, title or Title or Capacity	Registered and address of the person(s) Name and Address: John Sandoval	proper and complete performance of i ent. d spent's signature) who has/have authority to manage is/ar	e: Name and Address:		
8. The name, title or Title or Capacity	Registered age (Registered age (Regist	proper and complete performance of i ent. d spent's signature) who has/have authority to manage is/ar	Name and Address:		
8. The name, title or Title or Capacity	Registered age (Registered age (Regist	proper and complete performance of i ent. d spent's signature) who has/have authority to manage is/ar	e: Name and Address:		
8. The name, title or Title or Capacity Officer	Costs Massa, CA 92026	proper and complete performance of i ent. d spent's signature) who has/have authority to manage is/ar	Name and Address:		
8. The name, title or Title or Capacity Officer	Costs Massa, CA 92026	proper and complete performance of i ent. d spent's signature) who has/have authority to manage is/ar	Name and Address:		
8. The name, title or Title or Capacity Officer (Use attachments if need). Attached is a certifical urisdiction under the L	Costs Mana, CA 92626 Registered age (Registered age (R	proper and complete performance of i ent. d spent's signature) who has/have authority to manage is/ar	e: Name and Address:		
8. The name, title or Title or Capacity Officer (Use attachments if new D. Attached is a certifical urisdiction under the Lof the translator must be 10. This document is expected.)	Costs Massa, CA 92626 Costs Massa, CA 92626 Costs Which it is organized. (If the certical second of the person) Costs Wassa, CA 92626	proper and complete performance of int. d agent's signature) who has/have authority to manage is/ar Title or Capacity:	e: Name and Address: Name and Address: Name and Address:		
8. The name, title or Title or Capacity Officer (Use attachments if new Particular Attached is a certifical curisdiction under the Lof the translator must be 10. This document is expected to the comment is expected.)	Costs Massa, CA 92626 Costs Massa, CA 92626 Costs Which it is organized. (If the certical second of the person) Costs Wassa, CA 92626	proper and complete performance of int. dagant's signature) who has/have authority to manage is/ar Title or Capacity: sold, duly authenticated by the official rtificate is in a foreign language, a trans	e: Name and Address: Name and Address: Name and Address:		
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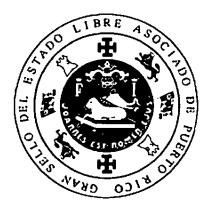


Government of Puerto Rico

CERTIFICATE OF GOOD STANDING

I, LUIS G. RIVERA MARÍN, Secretary of State of the Government of Puerto Rico.

CERTIFY: That, pursuant to Puerto Rico's General Law of Corporations, J.W. FINANCIAL SOLUTIONS, LLC, register number 412945, a for profit domestic Limited Liability Company organized under the laws of Puerto Rico on July 20, 2018, is in good standing until April 15, 2019, date on which its first Annual Fee is due.



IN WITNESS WHEREOF, the undersigned by virtue of the authority vested by law, hereby issues this certificate and affixes the Great Seal of the Government of Puerto Rico, in the City of San Juan, Puerto Rico, today, **August 17, 2018**.

LUIS G. RIVERA MARÍN Secretary of State

To validate this certificate go to:

http://estado.pr.gov/

This certificate can be validated an unlimited number of times before its expiration date of 17-Aug-2019.

Certificate Validation Number: 263647-76285965