

M18000010230

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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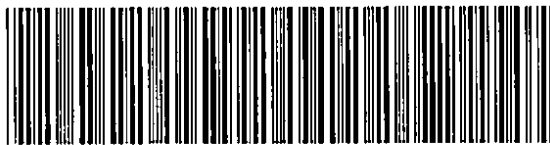
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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18 NOV 14 AM 6:00
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SECRET OF STATE
18 NOV 14 AM 11:59
TALLAHASSEE, FLORIDA

K SALY
NOV 15 2018

FLORIDA RESEARCH & FILING SERVICES, INC.

1211 CIRCLE DR

TALLAHASSEE, FL 32301

PH: 850-524-4381

PLEASE FILE THE ATTACHED QUALIFICATION FOR:

JAW 8123, LLC

PLEASE RETURN CERTIFIED COPY & A CERTIFICATE OF GOOD STANDING

CK# 8053 FOR \$640.00 (\$160.00 for this filing)

THANK YOU!

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. JAW 8123, 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. Delaware
(Jurisdiction under the law of which foreign limited liability company is organized)

3. n/a
(FEI number, if applicable)

4. _____
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0901 & 605.0905, F.S. to determine penalty liability)

5. 1000 NW 27th Ave.
(Street Address of Principal Office)
Miami, FL 33125

6. 1000 NW 27th Ave.
(Mailing Address)
Miami, FL 33125

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

Name: Atrium Registered Agents, Inc.
Office Address: 8950 SW 74th Ct., Suite 1901
Miami, Florida 33156
(City) (Zip code)

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TALLAHASSEE, FLORIDA

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 signated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree 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) By: Felipe Frias, VP
Atrium Registered Agents, Inc.

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

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
MGR	Wise, Jane Ann K. 1000 NW 27th Ave. Miami, FL 33125		

Attachments (if necessary)

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 translator must be submitted)

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

Jane Ann K. Wise
Signature of an authorized person

JANE ANN K. WISE
Typed or printed name of signee

Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "JAW 8123, 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 TWENTY-SEVENTH DAY OF AUGUST, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "JAW 8123, LLC" WAS FORMED ON THE TWENTY-FOURTH DAY OF AUGUST, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.

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DELAWARE




Jeffrey W. Bullock, Secretary of State

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SR# 20186373170

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

Authentication: 203318831

Date: 08-27-18