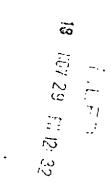
M18000010170

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Usign, cut W18-76570
Office Use Only



000316993250

68 15/18 -0101 -ch 407 ... (a.





September 6, 2018

MANUEL CRESPO, ESQ 600 BRICKELL AVE MIAMI, FL 33131

SUBJECT: J&N 03 LLC

Ref. Number: W18000076570

We have received your document for J&N 03 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):

You failed to make the correction(s) requested in our previous letter.

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons Regulatory Specialist III

Letter Number: 618A00018436



August 23, 2018

MANUEL CRESPO, ESQ 600 BRICKELL AVE MIAMI, FL 33131

SUBJECT: J&N 03 LLC

Ref. Number: W18000076570

We have received your document for J&N 03 LLC and your check(s) totaling \$750.00. 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.

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.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 118A00017527

Octavia L Simmons Regulatory Specialist III

COVER LETTER

Registration Section

TO:

Div	ision of Corporations		
SUBJECT:	J&N 03 LLC		
		ame of Limited Liability Company	
		ty Company for Authorization to Transact Business in Florida," Certive referenced foreign limited liability company to transact business in	
Please return	all correspondence concerning this matter	r to the following:	
	Manuel L. Crespo, Esq.		
		Name of Person	
	Greenspoon Marder, LLP		
		Firm/Company	
	600 Brickell Avenue		
		Address	
	Miami, Florida 33131		
		City/State and Zip Code	
	manny.crespo@gmlaw.com		
	E-mail address: (to	be used for future annual report notification)	
For further in	nformation concerning this matter, please c	call:	
Ma	anuel L. Crespo, Esq.	305 789-2770 at ()	
	Name of Contact Person	Area Code Daytime Telephone Number	
Div Reg P.O	AILING ADDRESS: rision of Corporations gistration Section D. Box 6327 lahassee, FI. 32314	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	
	a check for the following amount: \$125.00 Filing Fee		ate

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:

	imited Liability Company; must include "Limited		" 0 " " " " " " " " " " " " " " " " " "
ame unavailable, enter alternate na	me adopted for the purpose of transacting business in Flor	rids. The alternate name must include "Limited List	ility Company, "L.L.C. or LCC.)
Delaware		3	er, if applicable)
(Jurisdiction under the law of wh	ich foreign limited liability company is organized)	(15) Huster	cr, ii epprocomy
 	(Date first transacted business in Florida, if prior to	registration.)	_
	(See sections 605,0904 & 605,0905, F.S. to determine	Greenspoon Marder, LLP	
Juan Manuel Duque (Street Address of P		O (Mailing Add)	ress)
Sireet Address of P 201 Crandon Boulevary		600 Brickell Avenue	SUITE 3600
Key Riscayne, Florida		Miami, Florida 33131	
	SEL 14 maintained agents (D.O. Boy	NOT accentable)	
Name and <u>street addres</u>	s of Florida registered agent: (P.O. Box	1401_acceptable)	<u>≟</u> .
Name:	Manuel L. Crespo, Esq.		29
a.e	600 Brickell Avenue		72
Office Address:			
	Miami	, Florida 33131	
	(City)	(Zip cod	(a)
ving been named as re signated in this applica comply with the provisi	gistered agent and to accept service of the proper of the proper of my position as registered agent.	r and complete performance of my	l liability company at the p in this capacity. I further
signated in this applica comply with the provisi d accept the obligation.	gistered agent and to accept service of tion, I hereby accept the appointment at lons of all statutes relative to the proper s of my position as registered agent. (Reduced House acity and address of the person(s) who he	as registered agent and agree to use and complete performance of my (ignature)	l liability company at the p in this capacity. I further duties, and I am familiar v
wing been named as re signated in this applica comply with the provisi d accept the obligation.	gistered agent and to accept service of the proper of the proper of my position as registered agent.	r and complete performance of my	l liability company at the p in this capacity. I further
wing been named as resignated in this applica comply with the provisi d accept the obligation. The name, title or caps	gistered agent and to accept service of tion, I hereby accept the appointment at tions of all statutes relative to the proper s of my position as registered agent. (Registeristics) acity and address of the person(s) who have and Address: Juan Manuel Duque	as registered agent and agree to use and complete performance of my (ignature)	l liability company at the p in this capacity. I further duties, and I am familiar t
ving been named as resignated in this application of the provision of the comply with the provision accept the obligation. The name, title or capatity:	gistered agent and to accept service of tion, I hereby accept the appointment at tions of all statutes relative to the proper s of my position as registered agent. (Reduction of the person of the p	as registered agent and agree to use and complete performance of my (ignature)	l liability company at the p in this capacity. I further duties, and I am familiar v
ving been named as resignated in this application of the provision of accept the obligation. The name, title or capatity:	gistered agent and to accept service of tion, I hereby accept the appointment at ions of all statutes relative to the proper s of my position as registered agent. Reduction as registered agent. Reduction as registered agent. Accity and address of the person(s) who have and Address: Juan Manuel Duque 201 Crandon Boulevard	as registered agent and agree to use and complete performance of my (ignature)	l liability company at the p in this capacity. I further duties, and I am familiar t
wing been named as resignated in this application of the provision of the obligation. The name, title or capation of the capacity: Manager	gistered agent and to accept service of tion, I hereby accept the appointment at lons of all statutes relative to the proper is of my position as registered agent. Reduction agent.	as registered agent and agree to use and complete performance of my (ignature)	l liability company at the p in this capacity. I further duties, and I am familiar t
ving been named as resignated in this applicated in this applicated in this applicated in the provision of accept the obligation. The name, title or caparity: Manager Jse attachments if necessity	gistered agent and to accept service of stion, I hereby accept the appointment at ions of all statutes relative to the proper sof my position as registered agent. Reduced agent. Reduced agent. Accity and address of the person(s) who have and Address: Juan Manuel Duque 201 Crandon Boulevard Key Bisayne, Florida 33149	as/have authority to manage is/are: Title or Capacity:	I liability company at the pin this capacity. I further duties, and I am familiar Name and Address:
Jse attachments if necessificated in the same signated in this applicated in this applicated accept the obligation. The name, title or caparity: Manager Attached is a certificate risdiction under the law the translator must be seen as a serial caparity.	gistered agent and to accept service of tion, I hereby accept the appointment at tons of all statutes relative to the proper s of my position as registered agent. Reference	as/have authority to manage is/are: Title or Capacity: duly authenticated by the official hate is in a foreign language, a translation.	I liability company at the pin this capacity. I further duties, and I am familiar to the pin this capacity. I further duties, and I am familiar to the liability of the certificate under the certific
The name, title or cape Title or Capacity: Manager Attached is a certificate risdiction under the law the translator must be seen to the cape the cape the cape the capacity: Manager	gistered agent and to accept service of tion, I hereby accept the appointment at tons of all statutes relative to the proper of my position as registered agent. Reduction as registered agent. Active and address of the person(s) who have and Address: Juan Manuel Duque 201 Crandon Boulevard Key Bisayne, Florida 33149 cof existence, no more than 90 days old, of which it is organized. (If the certificate the description of the Department of State constitutes as the constitute as the	as/have authority to manage is/are: Title or Capacity: duly authenticated by the official hate is in a foreign language, a translation of the control of t	I liability company at the p in this capacity. I further duties, and I am familiar to the part of the part of the part of the cartificate under the that any false information are that any false information.



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

DELAWARE, DO HEREBY CERTIFY "J&N/03, 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 THIRTY-FIRST DAY OF OCTOBER, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "J&N/03, LLC" WAS FORMED ON THE THIRTIETH DAY OF JANUARY, A.D. 2018.

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

Authentication: 203718610

Date: 10-31-18