M1800001098S

(Requestor's Name)
(Address)
(.c., .c.,
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



300320326303

11/05/18--01034--023 **125.00

אַר אַ אַקּר

T SCHROEDER

COVER LETTER

	gistration Section vision of Corporation	18				
CHDIECT	J-SHOCK ENTER	PRISES, LLC				
SUBJECT:	·	Name of	Limited Liability (Company		
The enclose Existence, a	ed "Application by Found check are submitte	eign Limited Liability Comp d to register the above refero	pany for Authoriza enced foreign limit	tion to Tra ed liability	insact Business in Florida," Certific company to transact business in	icate of Florida.
Please retur	n all correspondence o	concerning this matter to the	following:			
	TATIANA SO	UCHARIN, CPA				
		N	eme of Person			
	WRIGHT CPA	GROUP				
		Fi	rm/Company			
	10 PLAZA DR	IVE				
			Address			
	HATTIESBUF	cG, MS 39402				
		City/S	tate and Zip Code			
	tatianasoucharin	@wrightcpagroup.com				
		E-mail address: (to be use	d for future annual	report not	ification)	
For further	information concerning	g this matter, please call:				
T	ATIANA SOUCHAR	IN, CPA	601 at (268-31	35	
	Name o	of Contact Person	Area Code	Day	time Telephone Number	
Di Re P.G	AILING ADDRESS: vision of Corporation: gistration Section D. Box 6327 Ilahassee, FL 32314			Division Registrat Clifton B 2661 Exc	ADDRESS: of Corporations ion Section uilding cutive Center Circle ice, FL 32301	
	a check for the follow \$125.00 Filing Fee	ring amount: \$\Bigcup \\$130.00 \text{ Filing Fee & Certificate of Status}	□ \$155.00 Filir Certified Copy		☐ \$160.00 Filing Fee. Certifica of Status & Certified Copy	te

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

IN COMPILIANCE, WITH SECTION GOS 0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN TEMITED FABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

				W. 6	5 ml 1 22 7 a	
	eire adopted for the purpose of transacting business in Flor	rida. The alters	naic name must indicate "Limited Litabi	nny Company	," "Il. t ,	ermulc. 1
(TX) (Durisdwifen Under the law of wh	uch foreign limited hability corepany is organized)	3	(Fill name	er, if applicable	c)	
4. 01/01/2018	(Date first instructed business in Florida, it promite o	majuration)				
	(Date first transacted burshers in Florida, it prim to a (See section) 605 0904 A 605 0905, F.S. to determine					
5. 2802 PRAIRIE AVE	const (19 co)	6. <u>1</u>	O PLAZA DR (Ataning Address)	115		
MIAMI, FL 33140	THE ENGLANDED	H	ATTIESBURG, MS 3940		₩ cs	
					工资	~⇔
						· 영
2. Name and street address	s of Florida registered agent: (P.O. Box	NOT sec	remable)		SE	1
7. Tranic and <u>anyor manes</u>		<u> </u>	зэртого)		333	9
Name:	JEREMY SHOCKEY					T
Office Address:	2802 PRAIRIE AVÉ					<u>~</u>
	MIAMI		33140		奎剂	<u></u>
	(City)		, Florida 33140 (Zip code		- COTT	- 1
designated in this applica to comply with the provise	gistered agent and to accept service of pition, I hereby accept the appointment a ions of all statutes relative to the proper s of my position as registered agent.	s registere	ed agent and agree to uct .	in this cap	$pacity.$ I_{\parallel}	further a
designated in this applica to comply with the provise	tion, I hereby accept the appointment a ions of all statutes relative to the proper s of my position as registered agent.	s registere and com	ed agent and agree to uct .	in this cap	$pacity.$ I_{\parallel}	further a
designated in this applica to comply with the provisi and accept the obligation	tion, I hereby accept the appointment a ions of all statutes relative to the proper s of my position as registered agent.	s registere e and com,	ed agent and agree to uct of plets performance of my a	in this cap	$pacity.$ I_{\parallel}	further a
designated in this applica to comply with the provisi and accept the obligation	tion, I hereby accept the appointment a ions of all statutes relative to the proper s of my position as registered agent.	s registers and com, signature)	ed agent and agree to uct of plets performance of my a	in this cap duties, and	$pacity.$ I_{\parallel}	further a miliar wi
designated in this applica to comply with the provisi and accept the obligation 8. The name, title or cap	tion, I hereby accept the appointment a ions of all statutes relative to the proper s of my position as registered agent. (Registered agent's acity and address of the person(s) who have	s registers and com, signature)	ed agent and agree to uct of plete performance of my a	in this cap duties, and	nucity. I d I um fa	further a miliar wi
designated in this applica to comply with the provisi and accept the obligation 8. The name, title or cap Title or Capacity:	acity and address of the person(s) who have and Address: JEREMY SHOCKEY 2802 PRAIRIE AV	s registers and com, signature)	ed agent and agree to uct of plete performance of my a	in this cap duties, and	nucity. I d I um fa	further a miliar wi
designated in this applica to comply with the provisi and accept the obligation 8. The name, title or cap Title or Capacity:	acity and address of the person(s) who have and Address: JEREMY SHOCKEY	s registers and com, signature)	ed agent and agree to uct of plete performance of my a	in this cap duties, and	nucity. I d I um fa	further a miliar wi
designated in this applica to comply with the provisi and accept the obligation 8. The name, title or cap Title or Capacity:	acity and address of the person(s) who have and Address: JEREMY SHOCKEY 2802 PRAIRIE AV	s registers and com, signature)	ed agent and agree to uct of plete performance of my a	in this cap duties, and	nucity. I d I um fa	further a miliar wi
designated in this applica to comply with the provisi and accept the obligation 8. The name, title or cap Title or Capacity:	acity and address of the person(s) who have and Address: JEREMY SHOCKEY 2802 PRAIRIE AV	s registers and com, signature)	ed agent and agree to uct of plete performance of my a	in this cap duties, and	nucity. I d I um fa	further a miliar wi
designated in this applica to comply with the provisi and accept the obligation 8. The name, title or cap Title or Capacity:	acity and address of the person(s) who have and Address: JEREMY SHOCKEY 2802 PRAIRIE AV	s registers and com, signature)	ed agent and agree to uct of plete performance of my a	in this cap duties, and	nucity. I d I um fa	further a miliar wi
designated in this applica to comply with the provisi and accept the obligation 8. The name, title or cap Title or Capacity:	acity and address of the person(s) who have and Address: JEREMY SHOCKEY 2802 PRAIRIE AV MIAMI, FL 33.140	s registers and com, signature)	ed agent and agree to uct of plete performance of my a	in this cap duties, and	nucity. I d I um fa	further a miliar wi
designated in this applicate comply with the provisional accept the obligation. 8. The name, title or cap. Title or Capacity: MBR (Use attachments if neces.) 9. Attached is a certificate.	acity and address of the person(s) who have and Address: JEREMY SHOCKEY 2802 PRAIRIL AV MIAMI, FL 33140 ssary) e of existence, no more than 90 days old, of which it is organized. (If the certifica	s registers and com, signature) as/have au Titl	ed agent and agree to act plete performance of my a whority to manage is/are: e or Capacity:	Name:	and Add	further a miliar with ress:
designated in this applicate comply with the provisional accept the obligation. 8. The name, title or cap. Title or Capacity: MBR (Use attachments if neces.) 9. Attached is a certificate jurisdiction under the law of the translator must be seen.	acity and address of the person(s) who have and Address: JEREMY SHOCKEY 2802 PRAIRIL AV MIAMI, FL 33140 ssary) e of existence, no more than 90 days old, of which it is organized. (If the certifica	signsture) as/have au Titl duly auth te is in a f	che agent and agree to act of plete performance of my and agree to act of the plete performance of my and agree to act of the plete performance of my and act of the plete performance of the plete	Name:	ody of re-	ress:
designated in this applicate comply with the provisional accept the obligation. 8. The name, title or cap. Title or Capacity: MBR (Use attachments if neces.) 9. Attached is a certificate jurisdiction under the law of the translator must be seen.	acity and address of the person(s) who have and Address: JEREMY SHOCKEY 2802 PRAIRIE AV MIAMI, FL 33.140 evicexistence, no more than 90 days old, of which it is organized. (If the certification in the Department of State constitutes a the constitutes and constitutes a the constitutes and constitutes a the constitutes a the constitute and constitutes a the constitute and constitutes a the constitute and c	signsture) as/have au Titl duly auth te is in a f	che agent and agree to act plete performance of my analysis of the official has breign language, a translate felony as provided for in	Name:	ody of re-	ress:
designated in this applicate comply with the provisional accept the obligation. 8. The name, title or cap. Title or Capacity: MBR (Use attachments if neces.) 9. Attached is a certificate jurisdiction under the law of the translator must be seen.	acity and address of the person(s) who have and Address: JEREMY SHOCKEY 2802 PRAIRIE AV MIAMI, FL 33.140 evicexistence, no more than 90 days old, of which it is organized. (If the certification in the Department of State constitutes a the constitutes and constitutes a the constitutes and constitutes a the constitutes a the constitute and constitutes a the constitute and constitutes a the constitute and c	signsture) as/have au Titl duly auth te is in a f	che agent and agree to act plete performance of my analysis of the official has breign language, a translate felony as provided for in	Name:	ody of re-	ress:
designated in this applicate comply with the provisional accept the obligation. 8. The name, title or cap. Title or Capacity: MBR (Use attachments if neces.) 9. Attached is a certificate jurisdiction under the law of the translator must be seen.	acity and address of the person(s) who have and Address: JEREMY SHOCKEY 2802 PRAIRIE AV MIAMI, FL 33.140 evicexistence, no more than 90 days old, of which it is organized. (If the certification in the Department of State constitutes a the constitutes and constitutes a the constitutes and constitutes a the constitutes a the constitute and constitutes a the constitute and constitutes a the constitute and c	signsture) as/have au Titl duly auth te is in a f	che agent and agree to act plete performance of my analysis of the official has breign language, a translate felony as provided for in	Name:	ody of re-	ress:

是我们是这种是一种,我们就是一个人们的一种,我们就是一个人,我们就是一个人,我们就是一个人,我们就是一个人,我们就是一个人,我们就是一个人,我们就是一个人,我们 第一个人,我们就是一个人,我们就是一个人,我们就是一个人,我们就是一个人,我们就是一个人,我们就是一个人,我们就是一个人,我们就是一个人,我们就是一个人,我们就



Rolando B. Pablos Secretary of State

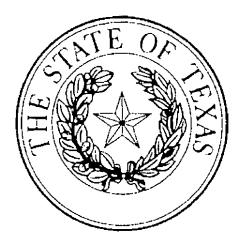
Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Articles of Organization for J-SHOCK ENTERPRISES, L.L.C. (file number 800117807), a Domestic Limited Liability Company (LLC), was filed in this office on August 27, 2002.

It is further certified that the entity status in Texas is in existence

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on October 22, 2018.





Rolando B. Pablos Secretary of State

TID: 10264

Dial: 7-1-1 for Relay Services Document: 844766200003

Phone: (512) 463-5555 Prepared by: SOS-WEB