M18000011175

(Requestor's Name)					
(Address)					
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(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
W18-94970					

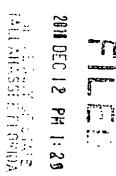
Office Use Only



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D. BRUCE DEC 12 2018



FLORIDA DEPARTMENT OF STATE Division of Corporations

November 6, 2018

IMELDA AQUINO ROSE 3 SAMOSET CT. ROGERS, AR 72758

SUBJECT: JITAR LLC

Ref. Number: W18000096970

2011 DEC 12 PM 1: 25

We have received your document for JITAR LLC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

The fees to file a Florida Limited Liability Company or register a Foreign Limited Liability Company are as follows: \$100 filing fee; and \$25 registered agent designation fee. Please include an additional \$30 for each certified copy requested (optional) and \$5.00 for each certificate of status requested (optional).

There is a balance due of \$72.50.

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) 245-6051.

Deborah Bruce Corporate Records Supervisor

Letter Number: 618A00022810

COVER LETTER

TO:

то:	Registration Section Division of Corporation	s						
SUBJF	CCT:	JITAR Name of	LLC.	umpany				
		rign Limited Liability Comp I to register the above refere	oany for Authorizati	ion to Trans				
Please	return all correspondence c	oncerning this matter to the	following:					
	<u>Im</u>	elda Aqu						
		JIIAI	Z LLC	<u></u>				
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or fur	ther information concerning		a ioi ratare amuari	срои пош	ication	**	(c)	
	Imelda Name o	Rose f Contact Person	at (479 Area Code) <u>58</u> Dayti	6 - 794 mc Telephone N	2 lumber		
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314			Division of Registratio Clifton Bui 2661 Exect		cle		
:los	ed is a check for the follow ☐ \$125.00 Filing Fee	ing amount: \$\Bigsim \text{S130.00 Filing Fee & Certificate of Status}\$	☐ \$155.00 Filing Certified Copy		区\$160.00 Filir of Status & Cer			ate

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

IN COMPILANCE 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 L ability Company; must includ				
(If name unavailable, enter alternate name adopted					LC.")
2. Arkansas (Jurisdiction under the law of which foreign I	limited liability communy is organiz	3	(FEI num	per, if applicable)	_
4. <u>S - (Date</u> (See s	lirst transacted business in Florida, sections 605 (1904 & 605 (1905 F.S.)	it prior to registration)	a		
_					
5. 3 Samoset Ct. (Street Address of Principal Offi	ice)	0	(Mailing Add	ress)	_
AR 72758					_
					The state of
7. Name and street address of Flor	rida registered agent: (P	.O. Box <u>NOT</u> accep	otable)	85.74%]	esupari consin
Name: Jo	lie Marie	Olson		regent. Hits mo re	PT i
Office Address: 25	6 Worth &	tre ste à	<u>10</u>		gara-
Dal	In Beach		Florida 334	80 E. S	
	(City)		(Zip coc	le)	
Registered agent's acceptance: Having been named as registered	anant and to accout sur	wice of process for t	he ahove stated limiter	l liability company at t	he place
designated in this application, I he	ereby accept the appoin	tment as registered	agent and agree to act	in this capacity. I fur	ther agree
to comply with the provisions of a	Il statutes relative to the	proper and comple	te performance of my	duties, and I am famil	iar with
and accept the obligations of my p	position as registered ag	ent	.		
A	Les Marie	LASON	<u> </u>		
	(Registe:	red agent's signature)			
8. The name, title or capacity and <u>Title or Capacity:</u>	address of the person(s Name and Address:		ority to manage is/are: r Capacity:	Name and Address	<u> </u>
President	Taba Thomas	Rose			
11031- (_	John Thomas 3 samoset	<u> </u>			
	ROGERS, AR	72759			
vice - President	imela Aquino	Rose			
	3 SQMOSET CT ROGERS AR 7	2758			
the annual and the second	KOUCHS , ARC 4	<u> </u>			
Use attachments if necessary)					
Attached is a certificate of existe		ومطورة بالباب الماء	iontad butha official b	wing custody of record	le in the

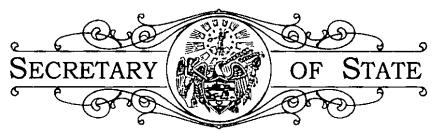
omitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

John

Signature of an authorized person

Typed or printed name of signee

STATE OF ARKANSAS



CERTIFICATE OF EXISTENCE

I, Mark Martin, Arkansas Secretary of State of the State of Arkansas, and as such, keeper of the records of domestic and foreign corporations, do hereby certify that the records of this office show

JITAR LLC

authorized to transact business in the State of Arkansas as a Limited Liability Company, filed a Articles of Organization in this office August 6, 2018.

Our records reflect that said entity, having complied with all statutory requirements in the State of Arkansas, is qualified to transact business in this State.

I certify this entity has not filed articles of dissolution with this office.

In Testimony Whereof, I have hereunto set my hand and affixed my official Seal. Done at my office in the City of Little Rock, this 19th day of November, 2018.

Mark Martin

Arkansas Secretary of State

Mark Martin

Julia Butler