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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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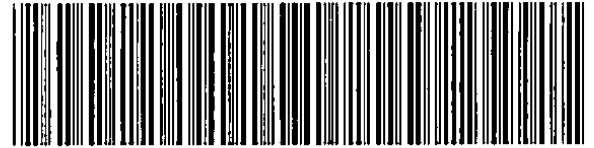
(Business Entity Name)

(Document Number)

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2019 MAR 21 P 3:38

FALLAHASSEE, FLORIDA

3/21/19 DS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CANJ & COMPANY, 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:

ALEJANDRO NORALEZ

Name of Person

CANJ & COMPANY, LLC

Firm/Company

200 S BISCAYNE BLVD STE 2790

Address

MIAMI, FLORIDA 33131

City/State and Zip Code

INFO@CANJCOMPANY.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ALEJANDRO NORALEZ

470

337-5912

at ()

Name of Contact Person

Area Code

Daytime Telephone Number

MAILING ADDRESS:

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy

☒ \$160.00 Filing Fee, Certificate
of Status & Certified Copy

2019 MAR 21 PM 3:38
TALLAHASSEE, FLORIDA

FILED

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. CANJ & COMPANY LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

CANJ & COMPANY L.L.C.

(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. GEORGIA 3. _____
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 02/1/2019
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 200 S. BISCAYNE BLVD 6. 200 S. BISCAYNE BLVD
(Street Address of Principal Office) (Mailing Address)

STE 2790
MIAMI, FLORIDA 33131

STE 2790
MIAMI, FLORIDA 33131

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

Name: ALEJANDRO NORALEZ

Office Address: 200 S. BISCAYNE BLVD

MIAMI, Florida 33131
(City) (Zip code)

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 designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to 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.

Alejandro Noralez
(Registered agent's signature)

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TALLAHASSEE, FLORIDA

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity: **Name and Address:**

☒ Manager Name: ALEJANDRO NORALEZ
☐ Member Address: 18574 NW 17TH AVE
☐ Authorized MIRAMIR, FLORIDA
Person 33056
☐ Other ☐ Other

☐ Manager Name: TERRAL TOOLE
☐ Member Address: 3910 WARNER AVE
☒ Authorized JACKSON, MISSISSIPPI
Person 39213
☐ Other ☐ Other

☐ Manager Name: CASSANA WARREN
☐ Member Address: 610 BROAD WATER AVE
☒ Authorized MOUND BAYOU, MISSISSIPPI
Person 38762
☐ Other ☐ Other

Title or Capacity: **Name and Address:**

☐ Manager Name: JACQUILINE JONES
☒ Member Address: 8000 CIMARRON RIDGE DR
☐ Authorized UNIT 201
Person LAS VEGAS, NEVADA 89128
☐ Other ☐ Other

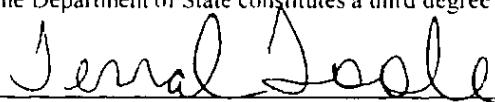
☐ Manager Name: ANDREU THOMPSON
☐ Member Address: 2200 S FORT APACHE ROAD
☒ Authorized UNIT 2006
Person LAS VEGAS, NEVADA 89117
☐ Other ☐ Other

☐ Manager Name: ROCQUETTE DIXON
☒ Member Address: 2200 S FORT APACHE ROAD
☐ Authorized UNIT 2006
Person LAS VEGAS NEVADA 89117
☐ Other ☐ Other

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

9. 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 the translator must be submitted)

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


Signature of an authorized person
Terral Toole
Typed or printed name of signee

STATE OF GEORGIA

Secretary of State

Corporations Division
313 West Tower
2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, **Brad Raffensperger**, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

Canj & Company LLC
a Domestic Limited Liability Company

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number : 16899876
Date Inc/Auth/Filed: 12/20/2015
Jurisdiction : Georgia
Print Date : 03/19/2019
Form Number : 211



Brad Raffensperger

Brad Raffensperger
Secretary of State