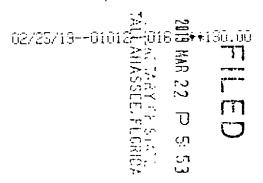
## M900002966

| (Re                     | questor's Name)   |             |
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| (Ad                     | dress)            |             |
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| (Cit                    | y/State/Zip/Phone | e #)        |
| PICK-UP                 | MAIT              | MAIL        |
| (Bu                     | siness Entity Nar | ne)         |
| (Do                     | ocument Number)   |             |
| Certified Copies        | Certificates      | s of Status |
| Special Instructions to | Filing Officer:   |             |
|                         |                   |             |
|                         |                   |             |
|                         |                   |             |

Office Use Only



400323226834



3/27/19 05



March 13, 2019

JOHN ECHTERLING 4770 BISCAYNE BLVD #1280 MIAMI, FL 33137

SUBJECT: JWE DELAWARE, LLC Ref. Number: W19000024380

We have received your document for JWE DELAWARE, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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.

Dionne M Scott Regulatory Specialist II

Letter Number: 019A00005065

RECEIVED

MAR 2 2 2019

## COVER LETTER

| TO:                | Registration Section Division of Corporations  |   |                                    |   |                                 |                      |
|--------------------|--|---|------------------------------------|---|---------------------------------|----------------------|
| SUBJE              | JWE DELAWARE, L  | .LC   |                                    |   |                                 |                      |
|                    |  | Name of I   | imited Liability                   | Company   |                                 |                      |
| The end<br>Existen | closed "Application by Forei<br>ice, and check are submitted   | gn Limited Liability Comp<br>to register the above refere | any for Authorizanced foreign limi | ation to Transact Business in Flo<br>ited liability company to transac  | orida," Certif<br>t business in | icate of<br>Florida. |
| Please             | return all correspondence cor  | ncerning this matter to the                               | following:                         |   |                                 |                      |
|                    | JOHN ECHTER  | LING  |                                    |   |                                 |                      |
|                    |  | Ne  | ume of Person                      |   |                                 | •                    |
|                    | JWE EQUITY L   | LC  |                                    |   |                                 |                      |
|                    |  | Fir   | rm/Company                         |   |                                 |                      |
|                    | 4770 BISCAYNI  | E <b>BLVD #12</b> 80                                      |                                    | WITH  | 2813 HAP                        | ~:7                  |
|                    | Address  |   |                                    |   |                                 |                      |
|                    | MIAMI FL 3313  | 7   |                                    | ن<br>بن<br>۲  | 22                              | TILED                |
|                    |  | City/St   | ate and Zip Code                   | -   | 7                               | U                    |
|                    | NERY@IDGHOW  |   |                                    |   | 5. 5. 5.3<br>(Richard           |                      |
|                    |  | E-mail address: (to be used                               | for future annua                   | l report notification)  | Pro Control                     |                      |
| For fur            | ther information concerning t  | his matter, please call:                                  |                                    |   |                                 |                      |
|                    | NERY ALAVAREZ  |   | 305<br>at (                        | 793-6167  |                                 |                      |
|                    | Name of 0  | Contact Person  | Area Code                          | Daytime Telephone Nun   | nber                            |                      |
|                    | MAILING ADDRESS:<br>Division of Corporations<br>Registration Section<br>P.O. Box 6327<br>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 Please make check payable \$125.00 Filing Fee                                      |   | □ \$155.00                         | Filing Fee &     \$160.00 F   | Filing Fee, Co<br>& Certified C |                      |

## 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:

|                                  | ame adopted for the purpose of transacting business in Flo   | ida. The alternate name must include "Limited Liability | Company," "L.L.C," or "LLC" |
|----------------------------------|--|---|-----------------------------|
| DELAWARE                         |  | APPLIED FOR   |                             |
| (Jurisdiction under the law of w | hich foreign limited liability company is organized)   | 3(FEt number, a   | fapplicable)                |
| FEBRUARY 20, 201                 | 9  |   | 72 73                       |
|                                  | (Date first transacted business in Florida, if prior to<br>(See sections 605,0904 & 605,0905, F.S. to determ | egistration )<br>to penalty liability)                  |                             |
| 4770 BISCAYNE BL                 |  | 4770 BISCAYNE BLVD #12                                  | 280/55                      |
| (Street Address of I             | Principal Office)  | (Mailing Address)                                       | O C                         |
| MIAMI FL 33137                   |  | MIAMI FL 33137  | 7.63                        |
|                                  |  |   | <u> </u>                    |
| <del></del>                      |  |   |                             |
|                                  |  | NCVP Id )   |                             |
| Name and street address          | e of Florida registered agents (D.O. Box   |   |                             |
| Name and street addres           | ss of Florida registered agent: (P.O. Bo)  | NOT acceptable)   |                             |
| Name and street address Name:    | S of Florida registered agent: (P.O. Box   | NOT acceptable)   |                             |
|                                  |  | <u>NOT</u> ассервавіе)                                  |                             |
| Name:                            | JOHN ECHTERLING  | 33137   |                             |

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: Title or Capacity: Name and Address: JOHN ECHTERLING Manager Manager Name: \_\_\_\_\_ 4770 BISCAYNE BLVD ■ Member Address: Member Address: **SUITE 1280** ☐ Authorized Authorized **MIAMI FL 33137** Person Person Other Other\_\_\_ Other\_ ☐Manager ☐ Manager Member Address: \_\_\_\_ ☐ Member Address: ■Authorized Authorized Person Person Other\_ Other\_ Other\_\_\_\_ Other Name: Manager Name: \_\_\_\_\_ Manager ☐Member Address: \_\_\_\_ ☐ Member Address: \_ Authorized Authorized Person Person Other\_\_ Other\_\_\_\_ Other Other Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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.

## Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "JWE DELAWARE 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 NINETEENTH DAY OF MARCH, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "JWE DELAWARE LLC" WAS FORMED ON THE SEVENTH DAY OF FEBRUARY, A.D. 2019

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



Authentication: 202472730

Date: 03-19-19

7268604 8300 SR# 20192097010

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