Division of Corporations

ivisio Corposions 504

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H19000262890 3)))



Htt90002628903ABC4

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : HUBCO

Account Number: 104662003400 Phone: (516)935-3940 Fax Number: (516)935-3088

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

TVARPLA (Stars Compa

Foreign Limited Liability Company JAYCEFACE LLC

| CONTROL CONTR | | | |
|---|----------|--|--|
| Certificate of Status | 1 | | |
| Certified Copy | 0 | | |
| Page Count | 03 | | |
| Estimated Charge | \$130.00 | | |

Electronic Filing Menu

÷

Corporate Filing Menu

Help

O THEFT IN

→ 18506176383

850-617-8381

9/4/2019 11:04:20 AM PAGE

1/001

Fax Server



September 4, 2019

FLORIDA DEPARTMENT OF STATE
Division of Corporations

HUBCO

SUBJECT: JAYCEFACE LLC

REF: W19000080557

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

PLEASE ASSIGN EACH AUTHORIZED MEMBER A TITLE,

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.

Brooke N Kinsey Regulatory Specialist II FAX Aud. #: H19000262890 Letter Number: 819A00018162

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

| | TION (08.0902, FLORIDA STATUTES, THE FC ISINESS IN THE STATE OF FLORIDA: | DLLOWING IS SUBMITTED TO REGISTER A FO | reign umm | ED LIARTIJI | TY |
|---|---|--|-----------------|-------------|------|
| , JAYCEFACE LLC | | • | | | |
| II. | ign Limited Liability Company; must include | e "Limited Liability Company," "L.L.C.," or "LI | ድ .") | | |
| (If name unavailable, enter at Liability Company," "L.L.C." | | sacting business in Plorida. The alternate name n | must include "I | Llmited | |
| 2 DELAWARE | 3. | | | | |
| | of which foreign limited liability | (FBI number, if applicable) | | | |
| 4. N/A | | | | | |
| | (Date first transacted business in Fig (See sections 605.0904 & 605.0905, F. | S. to determine penalty limbility) | | 20 | |
| 5. 1590 NW 27TH AVE | #2, POMPANO BEACH, FL 33069 | · · · · · · · · · · · · · · · · · · · | | 2019 SI | |
| | (Street Address of Principal | Office | | SEP - | |
| 1590 NW 27TH AVE | #2, POMPANO BEACH, FL 33069 | oun, | | F | |
| 6. | | | | 2 | ٤ |
| | | | • | AM 10: | ı |
| <u></u> | (Mailing Address) | | | ب ت | |
| 7. Name and street address | g of Florida registered agent: (P.O. Box | NOT acceptable) | - | 52 | |
| | DONNA VARELA | | | | |
| Name: | 1400 NILL OCTUL A 1577 NO. | | | | |
| Office Address; | 1590 NW 27TH AVE #2 | | | | |
| | POMPANO BEACH | , Florida 33069 | | | |
| | (City) | (Zip code) | | | |
| designated in this applicate to complywith the provisi | rgistered agent and to accept service of patient. I bereby accept the appointment a | process for the above stated limited liability is registered agent and agree to act in this and complete performance of my duties, and complete performance of my duties, and complete performance of my duties, and is signature) | capacity. I fi | uriber agn | TC. |
| | acity and address of the person(s) who ha | | | | |
| DONNA VARELA-1590 | NW 27TH AVE #2, POMPANO BEAC | H, FL 33069 -MEMBER | | | |
| STEVEN COOPER-1590 | NW 27TH AVB #2, POMPANO BEAC | CH, FL 33069 -MEMBER | | | |
| jurisdiction under the law of the translator must be a This document is execute | of which it is organized. (If the certificat ubmitted) Signature of an at the accordance with section 605,0203 (1) |) (b), Florida Statutes, I am aware that any f | he certificale | under oat! | ia . |
| submitted in a document to | o the Department of State constitutes a th | ird degree felony as provided for in a.817.1 | 55, F.S. | | |

Typed or printed name of signee

Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "JAYCEFACE 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 AUGUST, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "JAYCEFACE LLC"

MAS FORMED ON THE SIXTEENTH DAY OF AUGUST, A.D. 2019.

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

e at corp delaware gov/aut

Authentication: 203428247

Date: 08-19-19