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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803

Fax Number : (855)330-1010

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

t Email Address:

## Foreign Limited Liability Company J. Chad Professional Training, LLC

| Certificate of Status | 0        |
|-----------------------|----------|
| Certified Copy        | 0        |
| Page Count            | 04       |
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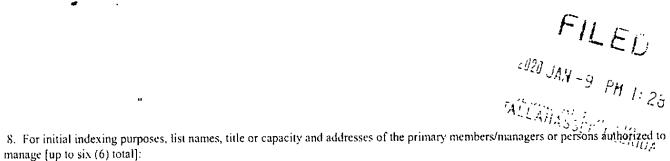
## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605,0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY

|   |   | rida. The alternate name must include "Limited Liability C |             |
|---|---|--|-------------|
| exas  |   | <sub>,</sub> 300419524                                     |             |
| urisdiction under the law of wh               | nich foreign limited hability company is organized)   | (FEI number, if a  | ipplicable) |
|   | (Date first transacted business in Florida, if prior to<br>(See sections 605,0904 & 605,0905, F.S. to determi | registration.) ne perally hability)                        | _           |
| 861 Rustic Lane                               |   | <sub>6</sub> PO Box 296                                    |             |
| (Street Address of I                          | 'rincipal Office)   | (Mailing Address)  |             |
|   |   |  |             |
| <u>, , , , , , , , , , , , , , , , , , , </u> |   | Prosper TX 75  | 2.0         |
| Prosper T                                     | X 75078  ss of Florida registered agent: (P.O. Box  |  | 2.0         |
| <u> </u>                                      |   | NOT acceptable)  |             |
| Name and <u>street addres</u>                 | ss of Florida registered agent: (P.O. Box   | NOT acceptable)  | 2.0         |
| Name and <u>street addres</u> Name:           | Registered Agent  | NOT acceptable)  | 2.0         |

to comply with the provisions of all statutes relative to the proper and complete perfo and accept the obligations of my position as registered agent.

(Registered agent's signature)



manage [up to six (6) total]:

| Title or Capacity: | Name and Address:       | Title or Capacity: |             | Name and Address: |
|--------------------|-------------------------|--------------------|-------------|-------------------|
| Manager            | Name: Jermaine Galloway | Manager            | Name:       |                   |
| ✓Member            | Address: PO Box 296     | ☐ Member           | Address:    |                   |
| Authorized         | Prosper, TX USA 75078   | Authorized         |             |                   |
| Person             |                         | Person             |             |                   |
| Other              | Other                   | Other              | · —         | Other             |
| Manager            | Name:                   | Manager            | Name:       |                   |
| Member             | Address:                | Member             | Address:    |                   |
| Authorized         |                         | Authorized         |             |                   |
| Person             |                         | Person             |             |                   |
| Other              |                         | Other              | <u>.</u>    | Other             |
|                    | None                    | ☐ Manager          | Name:       |                   |
| ☐ Manager          | Namc:                   |                    |             |                   |
| Member             | Address:                | Member             | Address:    |                   |
| Authorized         |                         | Authorized         |             |                   |
| Person             |                         | Person             | <del></del> |                   |
| 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.

| Rilux Park. |                                   |  |
|-------------|-----------------------------------|--|
|             | Signature of an authorized person |  |
| Riley Park  |                                   |  |
|             | Lynest or printed name of signed  |  |

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697

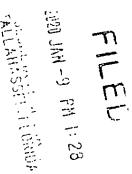


## Office of the Secretary of State

## Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for J. Chad Professional Training, LLC. (file number 803314065), a Domestic Limited Liability Company (LLC), was filed in this office on May 09, 2019.

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 January 08, 2020.



Ruth R. Hughs Secretary of State