

Division of Corporations **Electronic Filing Cover Sheet**

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Division of Corporations

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Foreign Limited Liability Company JLRC BUSINESS LLC

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Certificate of Status	1	
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TO:

Registration Section Division of Corporations

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COVER LETTER

SUBJECT:	JLRC BUSINESS LLC					
SUDJECT.	Name	of Limited Liability Company				
The enclosed Existence, ar	1 "Application by Foreign Limited Llability C nd check are submitted to register the above r	Company for Authorization to Transact Business in Florida, "Certificate of eferenced foreign limited liability company to transact business in Florida.				
Please return	all correspondence concerning this matter to	o the following:				
	MOSES NAE					
	Name of Person					
	TAXLEAF.COM					
Firm/Company						
	1549 NE 123RD ST					
	Address					
NORTH MIAMI, FL 33161						
	С	ity/State and Zip Code				
	INCORPORATIONS@TAXLEAF.COM	м				
	E-mail address: (to be	used for future annual report notification)				
For further i	nformation concerning this matter, please cal	D:				
JORGE A CARRANZA		305 541-3980 at ()				
	Name of Contact Person	Area Code Daytime Telephone Number				
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				
Ple	closed is a check for the following amount: ease make check payable to: FLORIDA DEF \$125.00 Filing Fee \$130.00 Filing Fe Certificate of	e & Certified Copy				

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

IN COMPLIANCE LYTTH SECTION 605.0902. FLORIDA STATUTES THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDAY JURC BUSINESS LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," [LL.C.] or "LL.C.") (If name unavailable, cases alternate same adopted for the purpose of immeeting business in Plands. The alternate name must include "Limited Liability Company," "L.U.C." or "ELC.") 82-2356164 (I'ld number, it applicable) Duradiction under the law of velocid torough functed hability company to organized) FEBRUARY 2020 (Date first transacted business in Houlds, if prior to regulation 1 (See sections 605 6904 & only 0505, F.S. to determine penalty liability) 1549 NE 123RD ST 1549 NE 123RD ST 6. (Mailing Address) (Street Address of Principal Office) NORTH MIAMI, FL 33161 NORTH MIAMI, FL 33161 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) CSI RA LLC Name: 1549 NE 123RD ST Office Address: NORTH MIAMI _ . Florida _ 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 figure.

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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]: Name and Address: Title or Canacity; Name and Address: DA SILVA, RENATO Title or Capacity: JACOBER, MARCOS R Manager Manager 1549 NE 123RD ST 1549 NE 123RD ST Address: □ Member NORTH MIAMI, FL 33161 NORTH MIAMI, FL 33161 □ Authorized □ Authorized Person Person □ Other._____ □Other_____ Other_ Other_ ☐ Manager Name: Address: _____ □Member ☐ Member Address: ____ □ Authorized □ Authorized Person Person Other____ Other_ ☐Other_____ □ Other ■ Manager Name: _____ □ Manager Address: _____ □Member Address: ☐ Member □ Authorized □Authorized Person Person 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 a.817.155, F.S.

MARCOS R JACOBER

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



Ruth R. Hughs Secretary of State

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 JLRC Business LLC (file number 802779541), a Domestic Limited Liability Company (LLC), was filed in this office on July 30, 2017.

It is further certified that the entity status in Texas is in existence.

Delayed Effective date: July 31, 2017

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 February 06, 2020.



Ruth R. Hughs Secretary of State

Phone: (512) 463-5555 Prepared by: SOS-WEB Come visit us on the internet at https://www.sos.texas.gov/ Fax: (512) 463-5709 TID: 10264

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