

4/8/2020

Division of Corporations

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Florida Department of State  
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To: Division of Corporations  
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From: Account Name : CAPITOL SERVICES, INC.  
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Foreign Limited Liability Company  
PRIVE BY DR. J, LLC

Certificate of Status	0
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Page Count	04
Estimated Charge	\$125.00

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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 COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:*

1. PRIVE BY DR. J, LLC  
(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unacceptable, 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. Delaware  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. \_\_\_\_\_  
(FBI Number, if applicable)

4. \_\_\_\_\_  
(Does not transact business in Florida, if prior to registration. (See sections 605.0904 & 605.0905, F.S. to determine priority liability.)

5. 1221 Brickell Avenue, Suite 948  
(Street Address at Principal Office)

6. 1221 Brickell Avenue, Suite 948  
(Mailing Address)

Miami, Florida 33131

Miami, Florida 33131

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

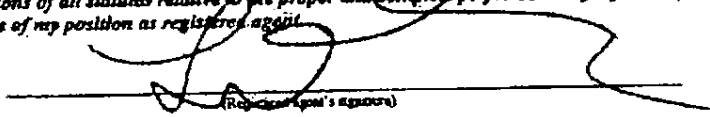
Name: AXS Law Group PLLC

Office Address: 2121 NW 2nd Ave, Ste 201

Miami, Florida 33129  
(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.*

  
(Registered agent's signature)

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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]:

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

Manager Name: Bankole Johnson

Member Address: 1221 Brickell Avenue, Suite 948

Authorized Miami, Florida 33131

Person \_\_\_\_\_

Other \_\_\_\_\_  Other \_\_\_\_\_

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

Manager Name: Jean-Jean Pellerer

Member Address: 1221 Brickell Avenue, Suite 948

Authorized Miami, Florida 33131

Person \_\_\_\_\_

Other \_\_\_\_\_  Other \_\_\_\_\_

Manager Name: Dayana Labrada

Member Address: 1221 Brickell Avenue, Suite 948

Authorized Miami, Florida 33131

Person \_\_\_\_\_

Other \_\_\_\_\_  Other \_\_\_\_\_

Manager Name: Bruce Platt

Member Address: 1221 Brickell Avenue, Suite 948

Authorized Miami, Florida 33131

Person \_\_\_\_\_

Other \_\_\_\_\_  Other \_\_\_\_\_

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Manager Name: Robert Pellerer

Member Address: 1221 Brickell Avenue, Suite 948

Authorized Miami, Florida 33131

Person \_\_\_\_\_

Other \_\_\_\_\_  Other \_\_\_\_\_

Manager Name: \_\_\_\_\_

Member Address: \_\_\_\_\_

Authorized \_\_\_\_\_

Person \_\_\_\_\_

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.

Bankole Johnson  
Signature of an authorized person

Bankole Johnson  
Typed or printed name of signer

# Delaware

The First State

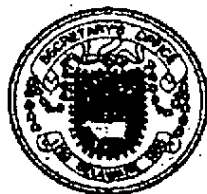
I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PRIVÉ BY DR. J, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE EIGHTH DAY OF APRIL, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PRIVÉ BY DR. J, LLC" WAS FORMED ON THE NINETEENTH DAY OF MARCH, A.D. 2020.

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

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