

(Requestor's Name)
(Address)
(Address)
, , ,
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer: Norder to the continues Norde
<u>(C2000050201</u>

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05/13/20--01020--010 **125.00

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T GLASS JUN 04 2020



May 21, 2020

ROLAND MANUEL 44 COCOANUT ROW, STE T-5 PALM BEACH, FL 33480 US

SUBJECT: JACED LLC

Ref. Number: W20000050201

We have received your document for JACED LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Corporation," "Inc.," or "Corp." Sections 617.0401(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit or profit or

The alternate name selected for your corporation is not available in Florida. Please select a new alternate name that contains "Incorporated," "Corporation," "Inc.," "Corp.," "Inc.," or "Corp." Section 617.1506(1), Florida Statutes, prohibits the use of the word Company or Co. in the name of a not-for-profit corporation. You may make the corrections to the alternate name in the space provided in number one of the application.

The document number of the name conflict is P93000018372, P04000007520.

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) 245-6052.

100000

Letter Number: 620A00010255

Tacarri K Glass Regulatory Specialist II

COVER LETTER

TO:		tration Section ion of Corporations			
SUBJ	FCT.	JACE Enterprises LLC			
5003	LCI.	Name o	of corporation	- must include suffix	
Dear S	ir or M	ladam:			
"Certif	ficate o	"Application by Foreign Co f Existence," or "Certificate iced foreign corporation to tr	of Good Stan	Authorization to Transact Business in Flonding" and check are submitted to register ss in Florida.	orida," the
Please	return	all correspondence concerni	ng this matter	to the following:	
Adam	Bloch				
			Name of	Person	
					_
			Firm/Con	npany	
4095 S	St. Rd. 7	L-148			
	_		Addr	css	
Lake \	Worth, I	FL 33449			
			City/State a	ınd Zip code	
jaccha	ndsanit	izer@gmail.com			
		E-mail address	s: (to be used	for future annual report notification)	ري ري
For fu	uther i	nformation concerning this n	natter, please o	call:	
• dosm	Bloch		751	224-7458	r · · <u>12</u> : 2
Adam		ne of Person	at (te Daytime Telephone Number	- 2
	ivar	ne of reison	Area Coc	bayanne retepness comment	
	Reg Divi The 241	REET/COURIER ADDRES istration Section ision of Corporations Centre of Tallahassee 5 N. Monroe Street, Suite 81 ahassee, FL 32303		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
Please	e make	a check for the following am check payable to: FLORIDA E iling Fee	DEPARTMEN' ng Fee &	☐ \$78.75 Filing Fee & ☐ \$87.50 Fe	e of Status &

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

IN COMPLIANCE WITH SECTION 605.0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

acadable, color alternate nar	me adopted for the purpose of transacting business in Flor	rida. The alternate name must include "Limited Liability Compa	any, "I. L.C." OF TELC
vare		85-0999552 3	
diction under the law of whi	ich foreign limited liability company is organized)	(FEI number, it applicate	ble)
	(Date first transacted business in Florida, if prior to r (See sections 605 0904 & 605 0905, F.S. to determin	egistration.)	
5 St Rd 7, L-148	(See sections and owner as and artists 1.3. to determine	6. (Mailing Address)	
diess of Principal Office)		(Mailing Address)	
e Worth, FL 33449			
			
			150
ne and street addres	ss of Florida registered agent: (P.O. Box	NOT acceptable)	; . ` ; _ ; ; _ ;
			-
	Polos Reach Tay Grown Inc		1
Name:	Palm Beach Tax Group Inc		ci.
Name:	44 Cocoanut Row, Ste T-5		ci.
Name: Office Address:			ci.
	44 Cocoanut Row, Ste T-5	33480	
	44 Cocoanut Row, Ste T-5		ci.
Office Address:	44 Cocoanut Row, Ste T-5 Palm Beach (Cny)	, Florida (Zip code)	3 12: 21
Office Address: ered agent's accep g been named as re	Palm Beach (City) Otance: egistered agent and to accept service of	Florida	y company at the
Office Address: ered agent's accep g been named as re nated in this applica unly with the provis	Palm Beach (Cny) otance: egistered agent and to accept service of ation, I hereby accept the appointment of the statutes of all statutes relative to the prope	Florida	y company at the
Office Address: ered agent's accep g been named as re ated in this applica unly with the provis	Palm Beach (City) Otance: egistered agent and to accept service of	Florida (Zip code)	y company at the

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: Name: Andrew Shapiro Adam Bloch Manager □Manager Name: Address: 8 The Green St, Ste A Address: 8 The Green St, Ste A ■ Member **■**Member Dover, DE 19901 Dover, DE 19901 Authorized □ Authorized Person Person Other____ □Other_____ □Other____ □Other___ Name: _____ ■ Manager □Manager Name: _____ □ Member Address: □ Member Address: E-Authorized □ Authorized Person Person ..Other____ □Other □Other____ □Other_ Manager Name: □ Manager Name: [™] Member Address: □Member Address:Authorized Call 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 s.817.155, F.S. Signature of an authorized person Adam Bloch

Typed or printed name of signee



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "JACE 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 FIRST DAY OF JUNE, A.D. 2020.

7965439 8300 SR# 20204721140

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

Authentication: 203020928

Date: 06-01-20