

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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

((H20000173997 3)))



H200001739973ABC5

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 : COGENCY GLOBAL, INC.
Account Number : 120000000088
Phone : (800)221-0102
Fax Number : (800)944-6607

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

Email Address: SOP@COGENCYGLOBAL.COM

Foreign Limited Liability Company
JAGXE LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$125.00

RECEIVED

2020 JUN -9 PM 1:24

RECEIVED

2020 JUN -9 AM 10:18

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

JUN 10 2021

H200001139971 3

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: JAGXE LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Hillary Kooy

Name of Person

Barnes & Thornburg LLP

Firm/Company

171 Monroe Ave NW, Suite 1000

Address

Grand Rapids, MI 49503

City/State and Zip Code

spowell@accequity.com NOTE: send filing confirmation of Application only to: hkooy@btlaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Hillary Kooy

616

742.3945

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

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☒ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &

Certificate of Status

☐ \$155.00 Filing Fee &

Certified Copy

☐ \$160.00 Filing Fee, Certificate

of Status & Certified Copy

H200001739971 3

H 2 0000 173997 3

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. JAGXE LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "LLC.")

2. Delaware 3. 85-1349547
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. _____
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability.)

5. 4200 Northside Parkway, NW 6. 4200 Northside Parkway, NW
(Street Address of Principal Office) (Mailing Address)
Building Seven Building Seven
Atlanta, GA 30327 Atlanta, GA 30327

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

Name: Cogency Global Inc.
Office Address: 115 North Calhoun Street, Suite 4
Tallahassee, Florida 32301
(City) (Zip code)

FILED
JUN -9 AM 10
2020

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.

Christina Marasigan, Asst. Secy.
(Registered agent's signature)

H 2 0000 173997 3

H 20000 173 997 3

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: Stephen Powell
☐ Member Address: 4200 Northside Parkway, NW
☐ Authorized Building Seven
 Person Atlanta, GA 30327
☐ Other _____ ☐ Other _____

☐ Manager Name: Stephen A. Opler
☐ Member Address: Barnes & Thornburg LLP
☐ Authorized 3475 Piedmont Road NE, Ste. 1700
 Person Atlanta, GA 30305
☒ Other Organizer _____ ☐ Other _____

☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
 Person _____
☐ Other _____ ☐ Other _____

Title or Capacity:Name and Address:

☒ Manager Name: Joe Gomes
☐ Member Address: 4200 Northside Parkway, NW
☐ Authorized Building Seven
 Person Atlanta, GA 30327
☐ Other _____ ☐ Other _____

☒ Manager Name: Robert Lively
☐ Member Address: 4200 Northside Parkway, NW
☐ Authorized Building Seven
 Person Atlanta, GA 30327
☐ 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.

/s/ Stephen A. Opler

Signature of an authorized person

Stephen A. Opler

Typed or printed name of signer

H 20000 173 997 3

Delaware

The First State

Page 1

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "JAGXE LLC" WAS FORMED ON THE SECOND DAY OF JUNE, A.D. 2020.

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



7997442 8300

SR# 20205448540

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

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 203033567

Date: 06-02-20

H20000173997 3