6/16/2020



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATION SERVICE COMPANY

Account Number : I20000000195 Phone : (850)521-0821 Fax Number : (850)558-1515

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

Email Address:

Foreign Limited Liability Company JEMAK LLC

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COVER LETTER

Jemak :	LLC			
BJECT:	Name	of Limited Liability Com	pany	
e enclosed "Applications and check to	ation by Foreign Limited Liability C are submitted to register the above re	company for Authorization eferenced foreign limited	n to Transact Business in Florida," liability company to transact busin	Certifi ess in I
ise return all corre	spondence concerning this matter to	the following:		
Sar	ndra York			
		Name of Person		
Sar	ndra York PLLC			
*******		Firm/Company		
111	1 Brickell Avenue, Suite 2200	• •		
	<u> </u>	A 44		
		Address		
Mia	ımi, FL 33131			
	Ci	ty/State and Zip Code		
sand	ra.york@yorkplic.com			
	E-mail address: (to be	used for future annual rep	port notification)	
further informatio	on concerning this matter, please cal	1:		;~ `
786 268 3301		3301	•	
760		at ()		
	Name of Contact Person	Area Code	Daytime Telephone Number	Ū
Mailing Add		Street Address:	ion	
Registratio	n Section f Corporations	Registration Section Division of Corporations		•
P.O. Box 6		The Centre of Tallahassee		
	e, FL 32314		Street, Suite 810	•
t ariamasse	C, I L J2514	Tallahassee, FL	•	
Enclosed is a	check for the following amount:			
Please make	check payable to: FLORIDA DEP	ARTMENT OF STATE	<u></u>	
□ \$125.00 H	Filing Fee ☐ \$130.00 Filing Fo	& 🔲 \$155.00 Filing of Status — Certified		

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

name nnavailable, exter alternate	nume adopted for the purpose of transacting business in E	lorida. The alternato name must include "Limited Liability Con	apamy," "L.L.C," or "LL
Delaware		85-1361005	
(Jurisdiction under the law of v	which foreign limited liability company is organized)	3. (FEI number, if apple	able)
June 1, 2020			
	(Date first transacted basiness in Florida, if prior is (See sections 605,0904 & 605 0905, F.S. to determ	o registration.) sine penalty liability)	
9350 South Dixie Highway 9350 South Dixie Highway		9350 South Dixie Highway	
ect Address of Principal Office)	Address of Principal Office) 6. (Mailing Address)		
Penthouse 1		Penthouse 1	
Miami Florida 33156	3	Mlami FL 33156	
Name and street addre	ss of Florida registered agent: (P.O. Bo	x NOT acceptable)	~
			:
Name:	Sandra York PLLC		 •
Name.	1111 Brickell Avene, Suite 2200		. ·
Office Address:	TTT Broken Avene, cens also		:
	Miami	33131	-1
	(City)	, Florida(Zip code)	الان رسم

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	Name and Address: Barry T. Kates	Title or Capaci	ty:	Name and Address:
■Manager	Name:	☐Manager	Name:	
□Member	9350 South Dixle Highway Address:	□Member	Address:	
Authorized	Penthouse 1	□Authorized		
Person	Miami, FL 33131	Person		
Other		Other		□Other
]Manager	Name:	□ Manager	Name:	
]Member	Address:	□Member	Address:	
Authorized		☐ Authorized		
Person		Person		
Other	Other	Other		□ Other
Manager	Name:	□Manager	Name:	
Member .	Address:	□Member	Address:	· · ·
Authorized _		☐ Authorized		<u>:</u>
Person		Person	····	<u>, , , , , , , , , , , , , , , , , , , </u>
Other	Other	Other		□Other

Typed or printed name of signee

Sandra York, Authorized Agent

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<u>Delaware</u>

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "JEMAK 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 SIXTEENTH DAY OF JUNE, A.D. 2020.

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

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

at corn delaware gov/aut

Authentication: 203115498

Date: 06-16-20