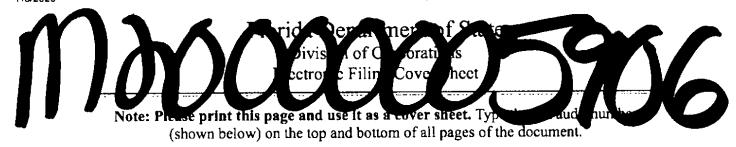
Division of Corporations



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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 : GUNSTER, YOAKLEY & STEWART, P.A.

Account Number : 076117000420 Phone : (561)650-0728 Fax Number : (561)671-2527

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

Foreign Limited Liability Company

Jamroz Real Estate Investment LLC

Certificate of Status

Certified Copy

Page Count

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\$130.00

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Help (III 07 ···)

H200002116763

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

JAMROZ REAL ESTA	TE INVESTMENTS LLC					
(Name of Foreign	Limited Liability Company; must include "Limited	Liability Compar	y," "L.L.C.," or "LLC."	)		
name unavailable, enter alternate o	ame adopted for the purpose of transacting business in Flo	orids. The alternate n	ame must include "Limited	Liability Com	pany," "L.L.C	," or "LLC.
NEVADA						
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	3	(FEI gun	nber, if applica	ible)	
,						
<del></del>	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605.0905, F.S. to determi	registration.) ine penalty liability)				
1005 BUCIDA ROAD		1005 E	UCIDA ROAD			
reet Address of Principal Office)		6	alling Address)	<u> </u>		<u>-</u>
				FD 4 2246		
DELRAY BEACH, FL	ORIDA 33483	DELR	AY BEACH, FLOR	IDA 3348	5.5	
				_	4+	
<u></u>		•-		·. :	100 m	<del></del>
					<u>.                                    </u>	
Name and street address	ss of Florida registered agent: (P.O. Box	NOT accepta	ole)	'n' 175	1	
				8	æ* ¯	
	CORPORATE CREATIONS NETWO	ORK INC.			150	· - ;
Name:					ĆŚ	
000 111	801 US Highway 1			<b>43</b> .71	ar)	
Office Address:				-		
	North Palm Beach		33408 , Florida			
	(City)		(Zin code)			

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.

CORPORATE CREATIONS NETWORK INC.

Bv:	/s/ Jit	n Perkins	
	Jim Perkin	(Registered agem's signature)	

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]:

l'itle or Capacity:	Name and Address:	Title or Capacit	<u>Y:</u>	Name and Address
■Manager	Name: Krzysztof W. Jamroz	□Manager	Name:	
□Member	Address: 1005 Bucida Road	□Member	Address:	
□Authorized	Delray Beach, Florida 33483	□Authorized		
Person		Person		
□ Other	Other	□Other		□Other
□Manager	Name:	□Manager	Name:	
□ Memb <b>c</b> r	Address:	□Member	Address:	
□Authorized		□Authorized	<del></del>	
Person		Person		
□Other	Other	□Other		□Other
□ Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	*****
□Authorized		□Authorized		
Person		Person		
□Other	□Other	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.

	Signature of an authorized person
Crzysztof W. Jamroz	

## SECRETARY OF STATE





I, Barbara K. Cegavske, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **Jamroz Real Estate Investments LLC**, as a DOMESTIC LIMITED-LIABILITY COMPANY (86) duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since 07/05/2020, and is in good standing in this state.

Certificate Number: B20200705902316

You may verify this certificate online at <a href="http://www.nysos.gov">http://www.nysos.gov</a>

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 07/05/2020.

Barbara K. CEGAVSKE
Secretary of State