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Foreign Limited Liability Company	
JCM CONNECT LLC	

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To: 18506176383

Joseph Melohn

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

IN COMPLIANCE WITH SECTION 6/5:0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT RUSINESS IN THE STATE OF FLORIDA:

	Limited Liability Company; most metode "Li			
If name massilable, onter alternate o	aire adopted for the peapose of transacting business i	in Floruda. The alterna	ite name (mist include "Limited List	olity Company," "L.L.C." or "LLC.")
Delaware		_ 3	· · · · · · · · · · · · · · · · · · ·	or, if applicable)
(Jurisdiction under the law of w	hich foreign limited liability company is organized)		(ПС) աստծ	er, if applicable)
4 .				
· ·	Date first transacted business in Florida, if pri (See sections 605,0004 & 605,0005, F.S. to de	ior to registration.) etermine penalty liabil	ity)	
5 HHI Lincoln Rd. Ste :	5(X)	6. 11	11 Lincoln Rd, Ste 500	
(Street Address of I	·		(Mailing Addr	···
Miami Beach, FL 331.	<u> </u>	<u> </u>	ami Beach, FL 33139	
				25° Us
7. Name and <u>street addres</u>	ss of Florida registered agent: (P.O.	Box <u>NOT</u> acce	eptable)	2000年
Name:	Expansion Venture Capital LLC			
Office Address:	1111 Lincoln Rd, Ste 500			6
Office / Kanta v.	Miami Beach		, Florida 33139 (Zipcos	
	(Cuy)		(Zip cod	
to comply with the provisi	tion, I hereby accept the appointme ions of all statutes relative to the pro s of my position as registered agont.	nt as registered oper and comp	i agent and agree to act	liability company at the place in this capacity. I further agre duties, and I am familiar with
o comply with the provisi	ions of all statutes relative to the pros s of my position as registered agout.	nt as registered oper and comp	i agent and agree to act	in this capacity. I further agree
to comply with the provisional accept the obligation 8. The name, title or cap. Title or Capacity:	ions of all statutes relative to the prosition as registered agout. (Registered agout acity and address of the person(s) who Name and Address:	ent as registered oper and composite of the composite of	d agent and agree to act lete performunce of my d	in this capacity. I further agre
to comply with the provisionand accept the obligation 8. The name, title or cap.	ions of all statutes relative to the pros s of my position as registered appart. (Registered as acity and address of the person(s) wh	ent as registered oper and composite of the composite of	d agent and agree to act lete performance of my d mority to manage islare:	in this capacity. I further agre duties, and I am familiar with
to comply with the provisional accept the obligation 8. The name, title or cap. Title or Capacity:	acity and address of the person(s) when Name and Address: Joseph Melohn 1111 Lincoln Rd, Ste 500	ent as registered oper and composite of the composite of	d agent and agree to act lete performance of my d mority to manage islare:	in this capacity. I further agre duties, and I am familiar with
to comply with the provisional accept the obligation 8. The name, title or cap. Title or Capacity:	acity and address of the person(s) when Name and Address: Joseph Melohn 1111 Lincoln Rd, Ste 500	ent as registered oper and composite of the composite of	d agent and agree to act lete performance of my d mority to manage islare:	in this capacity. I further agre duties, and I am familiar with
o comply with the provisional accept the obligation 8. The name, title or cap. Title or Capacity: Manager	acity and address of the person(s) who Name and Address: Joseph Melohn 1111 Lincoln Rd, Ste 500 Miami Beach, FL 33130	ent as registered oper and composite of the composite of	d agent and agree to act lete performance of my d mority to manage islare:	in this capacity. I further agreduties, and I am familiar with
8. The name, title or cap. Title or Capacity: Manager (Use attachments if neces) 9. Attached is a certificate jurisdiction under the law	acity and address of the person(s) who Name and Address: Joseph Melohn 1111 Lincoln Rd, Ste 500 Miami Beach, FL 33130 soary) of existence, no more than 90 days of which it is organized. (If the certification is not so the person of which it is organized. (If the certification is not so that the person is not so that the pers	ont as registered oper and composition of the sentile of the senti	d agent and agree to act lete performance of my definition of the control of the	in this capacity. I further agree duties, and I am familiar with Name and Address:
to comply with the provisand accept the obligation 8. The name, title or cap. Title or Capacity: Manager (Use attachments if neces) 9. Attached is a certificate jurisdiction under the law of the translator must be seen	acity and address of the person(s) who Name and Address: Joseph Melohn 1111 Lincoln Rd, Ste 500 Miami Beach, FL 33130 soary) of existence, no more than 90 days of which it is organized. (If the certification is not so the person of which it is organized. (If the certification is not so that the person is not so that the pers	old, duly authericate is in a for	dagent and agree to act lete performance of my defect performance of my defect to manage is/are: or Capacity: atticated by the official hareign language, a translat lorida Statutes. I am await	in this capacity. I further agree duties, and I am familiar with Name and Address: Living custody of records in the ion of the certificate under oath records any false information

Typed or printed name of signed

Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "JCM CONNECT LLC" IS DULY FORMED UNDER

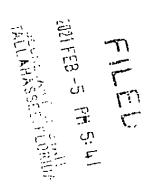
THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A

LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF

THE FOURTH DAY OF FEBRUARY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "JCM CONNECT LLC" WAS FORMED ON THE FIFTH DAY OF FEBRUARY, A.D. 2015.

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





Authentication: 202443003

Date: 02-04-21