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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : LEGALZOOM.COM INC. Account Number : 120010000062

Phone : (323)962-8600 Fax Number : (323)962-3889

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 The Jason Linett Group LLC

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COVER LETTER

TO:		ration Section on of Corporations				
SHRU	TI ECT:	he Jason Linett Group	LLC			
30031	DC11	,	Name of	Limited Liability	Сотралу	•
The en Exister	nclosed */	Application by Forcig check are submitted to	n Limited Liability Com register the above refer	pany for Authoriz enced foreign lim	ation to Transact Business in Florida, ited liability company to transact busi	" Cernficate of iness in Florida.
Please	return al	l correspondence cont	cerning this matter to the	following:		
		Cheyenne Moseley	,			
			7	lame of Person		-
		Legalzoom.com, le	πc.			
	Firm/Company					-
		101 N Brand Blvd	11th Fl			
	Address				-	
		Glendale, CA 912	03			
			City/	State and Zip Code		. 1
		Jason@JasonLinett.				
		1:	-mail address: (to be use	ed for future unnu	il report notification)	-
For fu	rther info	ormation concerning th	nis matter, please call:			
	Chey	enne Moseley	•	800 at (773-0888	٠
		Name of C	Contact Person	Area Cod	Daytime Telephone Number	- H.
	Divisi Regisi P.O. E	on of Corporations tration Section 30x 6327 bassee, FL 32314			STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	
	Enclo. Please	sed is a check for the make check payable	following amount: to: FLORIDA DEPAR	TMENT OF ST	ate	
	_	125.00 Filing Fee	S130.00 Filing Fee Certificate of S	& = \$155.0		g Fee, Certificat ertified Copy

From: Laura Rodrique

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

IN COMPLIANCE WITH SECTION &B (BID, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

name unavailable, enter alternate n	anic adopted for the purpose of transacting besiness in Plo	rida. The altern	are name must include "Limited Liability Company," "L.L.	C," or "LL,C ")
Virginia			7-1638889	
(Janualiction under the law of w	high foreign himited liability company is organized)	J. , <u> </u>	(FTI nutritor, if applicable)	
	(Date first transacted business in Horida, if prior to (Nee sections 605 0904 & 605,0905, F.S. to determine	registration.) ine ponaity liab	tayj	
(Street Address of	Principal Office)	6	(Mailing Address)	
5840 Red Bug Lake Rd., #450 Winter Springs, Florida 32708		5840 Red Bug Lake Rd., #450		
		Winter Springs, l'Iorida 32708		
Name and street addre	ss of Florida registered agent: (P.O. Box	NOT acc	cpiable)	
Name:	Jason Linett			:
	5840 Red Bug Luke Rd., #450			
Office Address:				

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 geent.

> Jason Linett (Registered agent's signature)

To: 18506176383 . . .

Title on Canadian	Nume and Address	Title or Capacity:	Name and Address:
manage (up to six (6) total):			
8. For initial indexing purposes, I	ist names, title or capacity and	addresses of the primary members	managers or persons authorized to

Title or Capacity:	Name and Address:	Title or Capacity:		Name and Address:	
Manager	Name: Jason Linctt	☐ Manager	Name:		
■Member	Address: 5840 Red Bug Lake Rd., #450	Member	Address:		
Authorized	Winter Springs, Florida 32708	☐ Authorized		··-·	
Person		Person			
Other	Other	Other		Other	
Manager	Name:	Manager	Name:		
Member	Address;	Member	Address:		
Authorized		☐ Authorized			
Person		Person			
Other	Other	Other		Other:	
				- 	
Manager	Name:	Manager	Name:	<u> </u>	
Member	Address:	Member	Address:		
		☐ Authorized		<u> </u>	
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 onth 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 completes a third degree felony as provided for in s.817.155, F.S.

Signature of an authorized person

Juson Lincit

Typed or printed name of signer

Common bowalth of Hirginia



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State Corporation Commission

LegalZoom.com, Inc.

CERTIFICATE OF FACT

1 Certify the Following from the Records of the Commission:

That The Jason Linett Group LLC is duly organized as a limited liability company under the law of the Commonwealth of Virginia;

That the limited liability company was formed on November 5, 2009; and

That the limited liability company is in existence in the Commonwealth of Virginia as of the date set forth below. - 11

Nothing more is hereby certified.



Signed and Sealed at Richmond on this Date:

February 9, 2021

Bernard J. Logan, Clerk of the Commission