

3/9/2021

Division of Corporations

H2100002722

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (954)208-0845

****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
JupiterEx Holding, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

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3/11/21

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

IN COMPLIANCE WITH SECTION 605.0602, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. JupiterEx Holding, LLC
(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," 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," "L.L.C.," or "LLC.")

2. Delaware 3. 86-2126789
(Jurisdiction under the law of which foreign limited liability company is organized) (EIN number, if applicable)

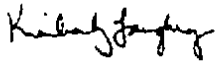
4. Upon qualification.
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 1340 Treat Blvd., Suite 375 6. 1340 Treat Blvd., Suite 375
(Street Address of Principal Office) (Mailing Address)
Walnut Creek, CA 94597 Walnut Creek, CA 94597

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

Name: C T Corporation System
Office Address: 1200 South Pine Island Road
Plantation 33324
(City) (Zip code)
Florida

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.

C T Corporation System by Kimberly Laughrey 
(Registered agent'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]:

Title or Capacity:		Name and Address:		Title or Capacity:		Name and Address:	
<input checked="" type="checkbox"/> Manager	Name:	Chintan Meher		<input checked="" type="checkbox"/> Manager	Name:	Elizabeth de Saint-Aignan	
<input type="checkbox"/> Member	Address:	5200 Town Center Cir., 4th Flr		<input type="checkbox"/> Member	Address:	5200 Town Center Cir., 4th Flr.	
<input type="checkbox"/> Authorized		Boca Raton, FL 33486		<input type="checkbox"/> Authorized		Boca Raton, FL 33486	
Person				Person			
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other	
<input checked="" type="checkbox"/> Manager	Name:	James Morris		<input checked="" type="checkbox"/> Manager	Name:	Fima Katz	
<input type="checkbox"/> Member	Address:	5200 Town Center Cir., 4th Flr		<input type="checkbox"/> Member	Address:	1340 Treat Blvd., Suite 375	
<input type="checkbox"/> Authorized		Boca Raton, FL 33486		<input type="checkbox"/> Authorized		Walnut Creek, CA 94597	
Person				Person			
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input checked="" type="checkbox"/> Other	CFO & Pres	<input type="checkbox"/> Other	
<input type="checkbox"/> Manager	Name:	Julia Schlatter		<input type="checkbox"/> Manager	Name:		
<input type="checkbox"/> Member	Address:	1340 Treat Blvd., Suite 375		<input type="checkbox"/> Member	Address:		
<input type="checkbox"/> Authorized		Walnut Creek, CA 94597		<input type="checkbox"/> Authorized			
Person				Person			
<input checked="" type="checkbox"/> Other	CFO	<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> 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.

DocuSigned by:

Fima Katz

Signature of an authorized person

Fima Katz

Typed or printed name of signer

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "JUPITEREX HOLDING, 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 NINTH DAY OF MARCH, A.D. 2021.

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



5097341 8300

SR# 20210849866

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.

Authentication: 202689570

Date: 03-09-21