## M21000004679

	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
☐ PICK-U	D WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instruction	s to Filing Officer
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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088

Date:0	4/20/2021		
Name:			
Reference #:			
Entity Name:	JCA CAP	ITAL PARTNERS LLC	
	of Incorporation/Authoriza		
Amenda	nent		
☐ Change	of Agent		
Reinstat	ement		• .7
☐ Convers	ion		
Merger			,
Dissolut	ion/Withdrawal		
Fictitious	s Name		
Other_	19102 12 .		
Authorized Am	ount:\$125.00		
Signature:	On Brien	<b>7</b>	

F: 800.944.6607

F: +852.2682.9790

## COVER LETTER

	Registration Section Division of Corporations	
SUBJECT	T:JCA Capital Partners LLC	
	Name of Limited Liability	Company
	sed "Application by Foreign Limited Liability Company for Authoriz and check are submitted to register the above referenced foreign lim	
Please reti	urn all correspondence concerning this matter to the following:	
	Joseph A. Zarlengo	
	Name of Person	
	Lawrence Kamin, LLC	
	Firm/Company	
	300 S. Wacker Drive, Suite 500	
	Address	
	Chicago, IL 60606	
	City/State and Zip Code	
	jzarlengo@lawrencekaminlaw.com	>
	E-mail address: (to be used for future annua	report notification)
For further	information concerning this matter, please call:	,
	Raymond W. David at (	924.4255
_	Name of Contact Person Area Code	Daytime Telephone Number
D Re l'.	IAILING ADDRESS: ivision of Corporations egistration Section O. Box 6327 allahassee, FL 32314	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
Pl		TE Filing Fee & S160.00 Filing Fee, Certificate of Copy of Status & Certified Copy

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

IN COMPLIANCE WITH SECTION 605.0902, PLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREGO. LIMITED 114BILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: JCA Capital Partners LLC (Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LLC.") (If name unavailable, enter effectate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C," or "LLC.") Delaware (Jurisdiction under the law of which foreign limited liability company is organized) N/A(Date first transacted business in Florida, if prior to registration.) (See sections 605,0904 & 605,0905, F.S. to determine penalty liability) 1574 S. Ocean Lane, Unit 111 1574 S. Ocean Lane, Unit 111 Fort Lauderdale, FL 33316 6. Fort Lauderdale, FL 33316 (Street Address of Principal Office) (Mailing Address) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) COGENCY GLOBAL INC. Name: 115 North Calhoun St. Suite 4 Office Address: Tallahassee , Florida 32301 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 action & hucher V.P.

(Registered agent's signature)

John L. Pietrzak  1574 S. Ocean Lane, Unit 111  Fort Lauderdale, F. 33316  Other	Manager  Member  Authorized  Person  Other	Address:	Other	· · · · · · · · · · · · · · · · · · ·
Cort Lauderdale Fi. 33316	Authorized Person			
Other	Person			. <b>.</b>
Other			_	
	Other	<u>.</u>	Other	
	Manager	Name:	<del></del>	≂, ≔
·	Member	Address: _		- <u>}</u>
	Authorized			<del></del> ,
	Person			··
Other	Other	<del></del>	Other	: <u>-</u> :
	Manager	Name:		
	Member			
	Authorized	<del></del>		
	Person	<del></del>	· <del>- · · · · - · - · · · -</del>	<del></del>
Other	Othe:		Other	
111	Other	Person  Other Other  Manager  Member  Authorized  Person  Other Other  Other  Ethment to report more than six (6). The attachment will be imdeed to the index when filing your Florida Department of State existence, no more than 90 days eld, duly authenticated by the which it is organized. (If the certificate is in a foreign language	Person  Other Other Manager Name:	Person  Other Other Other Other  Manager Name:  Member Address:  Authorized  Person  Other Other  Other Other  Person  Other Other  Person  Other Other  Person  Other Other  Person  Other Other  Other  Person  Other Other  Other  Person  Other  Other

Page 1

## Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "JCA CAPITAL PARTNERS 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 NINETEENTH DAY OF APRIL, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "JCA CAPITAL PARTNERS LLC" WAS FORMED ON THE TWENTY-THIRD DAY OF DECEMBER, A.D. 2020.

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

Authentication: 203000430

Date: 04-19-21

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