

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : AGENTS AND CORPORATIONS, INC
Account Number : 120010000112
Phone : (302) 575-0875
Fax Number : (302) 575-1642

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

Email Address: _____

2021 AUG -5 AM 8:27

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**Foreign Limited Liability Company
JASIAN FUND D LLC**

4 PAGES FAXED

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

H210002960403

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. JASIAN FUND D 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

(Jurisdiction under the law of which foreign limited liability company is organized)

3.

(FEI number, if applicable)

UPON QUALIFICATION

4.

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

343 E. 30th Street

(Street Address of Principal Office)

Unit 6E

New York, NY 10016

343 E. 30th Street

6. (Mailing Address)

Unit 6E

New York, NY 10016

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

Name:

AGENTS AND CORPORATIONS, INC.

Office Address:

300 FIFTH AVENUE SOUTH, SUITE 101-330

NAPLES

(City)

, Florida

34102

(Zip code)

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.

Agents and Corporations, Inc.

By: Jeannette LaVecchia ASST. SECRETARY
(Registered agent's signature)
JEANNETTE LAVECCHIA, ASST. SECRETARY

2021 AUG -5 AM 8:27

NOTED
FILED

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]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: <u>Jeffrey Richman</u>	<input type="checkbox"/> Manager	Name: <u>Jian Yang</u>
<input type="checkbox"/> Member	Address: <u>250 Cane Creek Way</u>	<input type="checkbox"/> Member	Address: <u>343 E. 30th Street</u>
<input checked="" type="checkbox"/> Authorized	<u>Campobello SC 29322</u>	<input checked="" type="checkbox"/> Authorized	<u>Unit 6E</u>
Person	<u></u>	Person	<u>New York, NY 10016</u>
<input type="checkbox"/> Other	<u></u>	<input type="checkbox"/> Other	<u></u>
<input type="checkbox"/> Manager	Name: <u>Sonu Juhl</u>	<input type="checkbox"/> Manager	Name: <u>Adam Cahn</u>
<input type="checkbox"/> Member	Address: <u>3720 Harper Street</u>	<input type="checkbox"/> Member	Address: <u>440 E 79th Street</u>
<input checked="" type="checkbox"/> Authorized	<u>Houston, TX 77005</u>	<input checked="" type="checkbox"/> Authorized	<u>Apt 14M</u>
Person	<u></u>	Person	<u>New York, NY 10075</u>
<input type="checkbox"/> Other	<u></u>	<input type="checkbox"/> Other	<u></u>
<input type="checkbox"/> Manager	Name: <u></u>	<input type="checkbox"/> Manager	Name: <u></u>
<input type="checkbox"/> Member	Address: <u></u>	<input type="checkbox"/> Member	Address: <u></u>
<input type="checkbox"/> Authorized	<u></u>	<input type="checkbox"/> Authorized	<u></u>
Person	<u></u>	Person	<u></u>
<input type="checkbox"/> Other	<u></u>	<input type="checkbox"/> Other	<u></u>

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.

Jeff Richman

Signature of an authorized person

Jeffrey Richman

Typed or printed name of signee

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "JASIAN FUND D 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 AUGUST, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "JASIAN FUND D LLC" WAS FORMED ON THE TWENTY-SECOND DAY OF JULY, A.D. 2021.

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



6105401 8300

SR# 20212887322

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: 203840297

Date: 08-04-21