

M21000012474

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

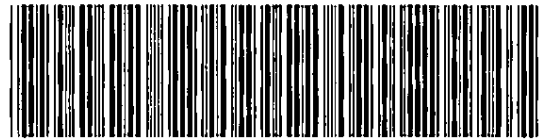
(Document Number)

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SEP 22 2021
M. SOLOMON

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: JAMZ Capital Management, LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Jay Schoenbaum

Name of Person

JAMZ Capital Management, LLC

Firm/Company

37 Tenorio Rd.

Address

Corrales, NM 87048

City/State and Zip Code

jschoe3481@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jay Schoenbaum

505

369-8820

Name of Contact Person

at (_____) _____

Area Code

Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
~~The Centre of Tallahassee~~
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☒ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy

☐ \$160.00 Filing Fee, Certificate
of Status & Certified Copy

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

IN COMPLIANCE WITH SECTION 605.002, FLORIDA STATUTES THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA

1. JAMZ Capital Management, LLC
(Name of Foreign Limited Liability Company, must include "Limited Liability Company", "LLC", 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", "LLC", or "LLC")

2. New Mexico
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 85-3602467
(EIN number, if applicable)

4. ~~12/27/2020~~ ^{DEC} NOT TRANSACT BUSINESS IN FLORIDA IN 2020 (DATE WAS AN ERROR)
(Date first transacted business in Florida, if prior to registration)
(See sections 605.001 & 605.003, F.S., to determine penalty liability)

5. 37 Tenorio Rd.
(Street Address of Principal Office)

6. Same
(Mailing Address)

Corrales, NM 87048

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

Name: InTrust Advisors Inc.

Office Address: 114 S. Woodlynne Ave.

Tampa
(City)

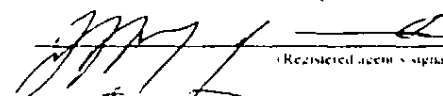
Florida 33609
(Zip code)

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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.


(Registered agent's signature)

JEFF DIERCKS, PRESIDENT
INTRUST ADVISORS, INC.

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]:

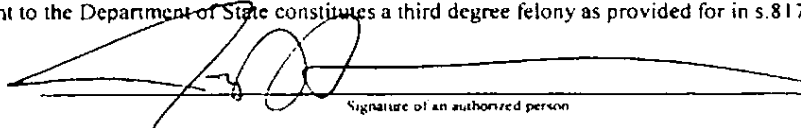
<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: Jay Schoenbaum	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: 37 Tenorio Rd.	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	Corrales, NM 87048	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

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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)

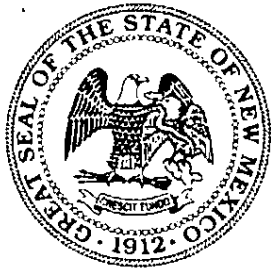
10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.135, F.S.



Signature of an authorized person

Jay Schoenbaum

Typed or printed name of signer



STATE OF NEW MEXICO
MAGGIE TOULOUSE OLIVER
SECRETARY OF STATE

Certificate of Good Standing and Compliance

IT IS HEREBY CERTIFIED THAT:

JAMZ Capital Management, LLC
6270301

the above named entity, a Company organized under the laws of New Mexico, is duly authorized to transact business in New Mexico as a Domestic Limited Liability Company, under the

Limited Liability Company Act

53-19-1 to 53-19-74 NMSA 1978

having filed its Articles of Organization on October 7, 2020, and Certificate of Organization issued as of said date.

It is further certified that the fees due to the Office of the Secretary of State which have been assessed against the above named entity have been paid to date and the entity is in good standing and duly authorized to transact business as its existence has not been revoked in New Mexico. This certificate is not to be construed as an endorsement, recommendation, or notice of approval of the entity's financial condition or business activities and practices.

Certificate Issued: **September 9, 2021**

In testimony whereof, the Office of the Secretary of State has caused this certificate to be signed on this day in the City of Santa Fe, and the seal of said office to be affixed hereto.



Maggie Toulouse Oliver

Maggie Toulouse Oliver
Secretary of State

Certificate Validation #: 0055346

A certificate issued electronically from the New Mexico Secretary of State's office is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Validation option on the Business Filing System at <https://portal.sos.state.nm.us/bfs/online> and following the instructions displayed under Certificate Validation.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 27, 2021

JAY SCHOENBAUM
JAMZ CAPITAL MANAGEMENT, LLC
37 TENORIO RD.
CORRALES, NM 87048

SUBJECT: JAMZ CAPITAL MANAGEMENT, LLC
Ref. Number: W21000117867

We have received your document for JAMZ CAPITAL MANAGEMENT, LLC and check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

According to the application submitted to this office, this entity transacted business in the state of Florida before properly registering with the Florida Department of State, Division of Corporations. Consequently, a \$500 civil penalty and an annual report filing fee for each year the entity failed to properly file a Florida annual report are due this office. Based on the date entered on the application, the civil penalty and annual report filing fees total \$638.75.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Mel Solomon
Senior Section Administrator

Letter Number: 921A00020706

RESUBMIT
APPLICATION FOR FOREIGN ENTITY
TRANSACTION BUSINESS IN STATE DATE WAS INCORRECT



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 8, 2021

JAY SCHOENBAUM
JAMZ CAPITAL MANAGEMENT, LLC
37 TENORIO RD.
CORRALES, NM 87048

SUBJECT: JAMZ CAPITAL MANAGEMENT, LLC
Ref. Number: W21000117867

We have received your document for JAMZ CAPITAL MANAGEMENT, LLC .
However, the enclosed document has not been filed and is being returned to you
for the following reason(s):

A certificate of existence or a certificate of good standing, dated no more than 90
days prior to the delivery of the application to the Department of State, duly
authenticated by the secretary of state or other official having custody of the
records in the jurisdiction under the laws of which it is incorporated/organized,
must be submitted to this office. A translation of the certificate under oath of the
translator must be attached to a certificate which is in a language other than the
English language. A photocopy of this certificate is not acceptable.

If you have any questions concerning the filing of your document, please call
(850) 245-6051.

Mel Solomon
Senior Section Administrator

Letter Number: 321A00021647

*Rec'd
9-22-21*