

10/6/21, 7:02 PM

Division of Corporations

Florida Department of State  
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To:

Division of Corporations  
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Account Name : CORP 911, INC.  
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Foreign Limited Liability Company  
**JAX ALEXANDER PROPERTIES, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

2021 OCT -7 AM 8:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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SECRETARY OF STATE  
TALLAHASSEE, FL

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

IN COMPLIANCE WITH SECTION 605.092, FLORIDA STATUTES THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. JAX ALEXANDER PROPERTIES, LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
2. CALIFORNIA  
(Jurisdiction under the law of which foreign limited liability company is organized)
3. 83-3786714  
(EIN number, if applicable)
4. 8591 DYNASTY DRIVE  
(Due first transacted business in Florida, if prior to registration)  
(See sections 605.0901 & 605.0902, F.S. to determine penalty liability)
5. 8591 DYNASTY DRIVE  
(Street Address of Principal Office)
6. 8591 DYNASTY DRIVE  
(Mailing Address)
- BOCA RATON, FL 33433
- BOCA RATON, FL 33433

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

Name: BRIAN JAEGGI

Office Address: 8591 DYNASTY DRIVE

BOCA RATON, Florida 33433  
(City) (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.

Brian Jaeggi  
(Registered agent's signature)

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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: BRIAN JAECCI	<input type="checkbox"/> Manager	Name: IRINA JAECCI
<input checked="" type="checkbox"/> Member	Address: 8591 DYNASTY DRIVE	<input checked="" type="checkbox"/> Member	Address: 8591 DYNASTY DRIVE
<input type="checkbox"/> Authorized	BOCA RATON, FL 33433	<input type="checkbox"/> Authorized	BOCA RATON, FL 33433
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

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.

*Brian Jaeggi*  
Signature of an authorized person

BRIAN JAECCI

Typed or printed name of signer

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## Secretary of State Certificate of Status

I, SHIRLEY N. WEBER, Ph.D., Secretary of State of the State of California, hereby certify:

**Entity Name:** JAX ALEXANDER PROPERTIES, LLC  
**File Number:** 201905810381  
**Registration Date:** 02/27/2019  
**Entity Type:** DOMESTIC LIMITED LIABILITY COMPANY  
**Jurisdiction:** CALIFORNIA  
**Status:** ACTIVE (GOOD STANDING)

As of September 29, 2021 (Certification Date), the entity is authorized to exercise all of its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the Certification Date and does not reflect documents that are pending review or other events that may affect status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of September 30, 2021.

A handwritten signature in black ink, appearing to read "Shirley N. Weber".

SHIRLEY N. WEBER, Ph.D.  
Secretary of State

Certificate Verification Number: R9138JZ

To verify the issuance of this Certificate, use the Certificate Verification Number above with the Secretary of State Certification Verification Search available at [bizfile.sos.ca.gov/certification/index](http://bizfile.sos.ca.gov/certification/index).

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