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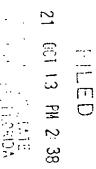
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COVER LETTER

Registration Section

TO:

	JOLLYBUSH REAL ESTATE HOLDING	SLIC		
UBJECT:	Name of Limited Liability Company			
he enclosed xistence, ar	d "Application by Foreign Limited Liability C nd check are submitted to register the above r	Company for Authorization to Transact Business in Florida." Certificate referenced foreign limited liability company to transact business in Flori		
lease return	all correspondence concerning this matter to	o the following:		
	SUKHIJOLLY			
	Name of Person			
	JOLLYBUSH REAL ESTATE HOLDINGS LLC			
	Firm/Company			
	8739 DAVIS BLVD			
		Address		
	KELLER TX 76248			
	City/State and Zip Code			
	mturner@teamintec.com			
	E-mail address: (to be	e used for future annual report notification)		
or further i	information concerning this matter, please cal	II:		
Mi	ICHAEL TURNER, CPA	817 756-1546 at ()		
_	Name of Contact Person	at ()		
Re Di	ailing Address: egistration Section ivision of Corporations O. Box 6327	Street Address: Registration Section Division of Corporations The Centre of Tallahassee		
Ta	allahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		
Ple	iclosed is a check for the following amount: ease make check payable to: FLORIDA DEI \$125.00 Filing Fee \$130.00 Filing Fe Certificate of	ee & 🔲 \$155.00 Filing Fee & 🗀 \$160.00 Filing Fee. Certificate		

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

IN COMPLIANCE WITH SECTION 605,0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

JOLLYBUSH REAL E	STATE HOLDINGS LLC	
(Name of Foreign	Limited Liability Company; must include "Limited	Thrability Company. The Confidence of "LLC.")
iame unavailable, enter alternate	name adopted for the purpose of transacting business in Flor	orida. The alternate name must include "Limited Liability Company," "L. L. C," or "LLC."
ΓEXAS		86-2653311 3
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	3. (FEI number, if applicable)
N/A-expected to begin	business February 1, 2022	_
	(Date first transacted business in Florida, if prior to re (See sections 605 0904 & 605 0905, F.S. to determin	registration.) ne penalty liability)
8739 DAVIS BLVD KELLER TX 76248		6. (Mailing Address)
cet Address of Principal Office)		(Mailing Address)
·- <u></u>	<u> </u>	
		
Name and street addre	ss of Florida registered agent: (P.O. Box	NOT acceptable)
	MICHAEL BUSH	21 21 21 21 21 21 21 21 21 21 21 21 21 2
Name:		
	2000 N. J. CHECKEL D. J. L. 1.	그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그
Office Address:	3020 BLACKSHEAR AVE	
Office Address.	· · · · · · · · · · · · · · · · · · ·	——— ω [
	PENSACOLA	32503
	(City)	. Florida 32503
	(Cily)	DA DA
gistered agent's accep	otance:	38
wing been named as re	egistered agent and to accept service of p	process for the above stated limited liability company at the po
	· ·	a positioned against and appear to got in this apparato. I further
signated in this applica	ution, I hereby accept the appointment as	is registered agent and agree to act in this capacity. I further
signated in this application ${\it comply}$ with the provis	tions of all statutes relative to the proper	r and complete performance of my duties, and I am familiar w
signated in this application $comply$ with the provis	ution, I hereby accept the appointment as sions of all statutes relative to the proper as of my position as registered agent.	s registered agent and agree to act in this capacity. Trainier and complete performance of my duties, and I am familiar v
signated in this applice comply with the provis	sions of all statutes relative to the proper as of my position as registered agent.	and complete performance of my duties, and I am familiar w
esignated in this applice of comply with the provis	tions of all statutes relative to the proper	and complete performance of my duties, and I am familiar was a Bush

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]: Name and Address: Title or Capacity: Name and Address: Title or Capacity: Name: SUKHI JOLLY Name: MICHAEL BUSH □ Manager □Manager Address: 3020 BLACKSHEAR AVE 8739 DAVIS BLVD Address: 🗀 ■ Member Member KELLER TX 76248 PENSACOLA FL 32503 Authorized □ Authorized Person Person □Other_____ Other____ □Other___ __ □Other_____ Name: _____ Name: _____ □Manager □ Manager Address: _____ Address: _____ ■Member □ Authorized □ Authorized Person Person □Other_____ □Other_____ □Other □Other_____ Name: _____ □Manager □ Manager Name: _____ Address: _____ Address: _____ ☐ Member □ Authorized ☐ Authorized Person Person □Other____ □Other____ □Other_____ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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. Suchi Jolly
Signature Man authorized person

Typed or printed name of signee

SUKHLJOLLY

Corporations Section P.O.Box 13697
Austin, Texas 78711-3697



Office of the Secretary of State

Certificate of Fact

The undersigned, as Deputy Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for JollyBush Real Estate Holdings, LLC (file number 803976498), a Domestic Limited Liability Company (LLC), was filed in this office on March 16, 2021.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on October 05, 2021.



Jose A. Esparza
Deputy Secretary of State

Fax: (512) 463-5709 Dial: 7-1-1 for Relay Services

Phone: (512) 463-5555