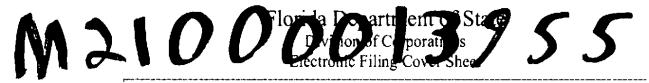
Division of Corporations



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(((H21000391543 3)))



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From:

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Account Number : 104662003400 Phone : (516)935-3940 Fax Number : (516)935-3088

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

Email Address: MIKE@MATTHEWSANDNULTY.COM

## Foreign Limited Liability Company JOTECH INDUSTRIES LLC

Certificate of Status	l
Certified Copy	0
Page Count	04
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Help

H21000391543

S. A.

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

IN COMPLIANCE WITH SECTION COMPANY TO TRANSACT BUSINE	I 605.0902, FLORIDA STATUTES, THE FOLLO SSS INTHE STATE OF FLORIDA:	WING IS S	JBMITTED TO REGISTER A	FOREIGN I	LIMITEL)	) IJABILTI
<b>l</b> .	JOTECH INDUSTR	IES LLO	-			
(Name of Foreign Limit	JOTECH INDUSTR ed Liability Company, must include "Limited Liab	rlity Compa	ny," "L.L.C.," or "LLC.")			-
f name unavailable, enter alternate name a	skepted for the purpose of transacting business in Florida.	The alternate of	ame must include "Limited Liabilit	y Company," "L	.L.C," or"	เมษา
	JERSEY	1				
(Jurisdiction under the law of which for	oreign limited liability company is organized)	··	(FEI number, if applicable)			
5 <del></del>	Date first transacted business in Florida, if prior in registra	tion.)		_		
	Date first transacted business in Florida, if prior to registra (See sections 605,0904 & 605,0905, F.S. to determine pena	aity liability)		a		
4904 LOS ALTOS CIRCLE 66.		6	4904 LOS ALTOS	CIRCLE		-
treet Address of Principal Office)		4)				
ELKTON, F	ELKTON, FL 32033		ELKTON, FL 32033			
						_
. Name and street address of	Florida registered agent: (P.O. Box <u>NO</u>	T_accepta	ole)			
Name:	AMANDA KELLAR			SECILL	<b>2021</b> OC	<b>-3</b> 4
Office Address:	4904 LOS ALTOS CIRCLE			AHAS	Canada	
	ELKTON		32033 , Florida	SELO	PH 3: 0!	
<del></del>	(City)		(Zp c(de)		9	
esignated in this application, o comply with the provisions nd accept the obligations of i	e: red agent and to accept service of proce. I hereby accept the appointment as region of all statutes relative to the proper and my position as registered agent.  Manda Heller	istered ag	ent and agree to act in th	is copacity.	ny at th I furti	h <i>er agre</i> e
<u></u>	, -					

#### H21000391543

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]:

Title or Capacity:	Name and Address:	Title or Capacity:		Name and Address:
□Manager	Name: AMANDA KELLAR	□Manager	Name:	
≣Member	Address: 4904 LOS ALTOS CIRCLE	□Member	Address:	
□Authorized	ELKTON, FL 32033	□Authorized		
Person		Person		
□Other	Other	□Other		□Other
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized	-	□Authorized		
Person		Person		
□Other	Other	Other	<del></del>	□Other
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized	AR-11-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	□Authorized		
Person		Person		
□Other	Other	Other		□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.

Signature of an authorized person

H21000391543

# STATE OF NEW JERSEY DEPARTMENT OF THE TREASURY DIVISION OF REVENUE AND ENTERPRISE SERVICES SHORT FORM STANDING

### JOTECH INDUSTRIES LLC

0450513577

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Limited Liability Company was registered by this office on July 15, 2020.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey. Annual Reports are outstanding for the following year(s): 2021

I further certify that the registered agent and office are:

MICHAEL NULTY 197 STATE ROUTE 18 SUITE 202N EAST BRUNSWICK, NJ 08816



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 18th day of October, 2021

wh A Mun

Elizabeth Maher Muoio State Treasurer

Ceruficate Number: 6124241448

Verify this certificate online at

https://www.Lstate.nj/us/TYTR\_StandingCert/JSP/Verify\_Cert.jsp