From: DAVID SALMON

11/15/24, 7:29 PM

Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : SALMON LEGAL GROUP, P.L.

Account Number : I20180000045 : (786)508-2020

Fax Number : (786)209-3030

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

Email Address: FILINGS@SALMONLEGAL.COM

Foreign Limited Liability Company JK CLIMBING LLC

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(((ERP25400012H9)))

| COVER LETTER |
|--------------|
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| CHD IECT. | JK CLIMBING LLC | |
|-----------------------------|--|--|
| SUBJEC E | Name | e of Limited Liability Company |
| The enclose Existence, a | ed "Application by Foreign Limited Liability of and check are submitted to register the above to | Company for Authorization to Transact Business in Florida," Certificate c referenced foreign limited liability company to transact business in Florid |
| Please retur | n all correspondence concerning this matter to | o the following: |
| | HOYT G. HILL. III | |
| | | Name of Person |
| | SALMON LEGAL GROUP | |
| | | Firm/Company |
| | 1395 BRICKELL AVENUE, STE 800 | J |
| | | Address |
| | MIAML FL 33131 | |
| | C | ity/State and Zip Code |
| | FILINGS@SALMONLEGAL.COM | |
| | E-mail address: (to be | e used for future annual report notification) |
| For further | information concerning this matter, please ca | II: |
| 110 | OYT G. HILL, III | 786 508-2020 |
| | Name of Contact Person | 786 508-2020 at () Area Code Daytime Telephone Number |
| | nilingAddress: egistration Section | StreetAddress: Registration Section |
| | ivision of Corporations | Division of Corporations |
| | O. Box 6327 | The Centre of Tallahassee |
| Ta | allahassee, FL 32314 | 2415 N. Monroe Street, Suite 810 Tallahassee, Fl. 32303 |
| Ple | nclosed is a check for the following amount: ease make check payable to: FLORIDA DEI \$125.00 Filing Fee | ee & 🔲 \$155.00 Filing Fee & 🔲 \$160.00 Filing Fee, Certificate |

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(((11210.)0422498(3)))



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 HABILITY COMPANY TOTRANSACT BUSINESS IN THE STATE OF FLORIDA:

| 3. (EE) number, a | |
|--|--|
| 3. (t El innober,) | f applicable) |
| S. (EEI number,) | f applicable) |
| | |
| | |
| n to registration) ecretic penalty hability) | _ |
| 5975 SW 104TH STREET | |
| (Maling Address) | |
| MIAMI, FL 33156 | |
| Box <u>NOT</u> acceptable) | SECRETARY TALLAHASSE |
| | PH 3: OF SIA CEFLOR |
| 33156 , Florida | NTE ATOA |
| (Zip code) | |
| | S975 SW 104TH STREET 6. (Mailing Address) MIAMI, FL 33156 Box NOT acceptable) 33156 Florida |

From: DAVID SALMON

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(((1521000422498.30)



8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managets or persons authorized to manage [up to six (6) total]:

| Title or Capacity: | Name and Address: | Title or Capacity: | Name and Address: |
|--------------------|-------------------------------|--------------------|-------------------------------|
| ■Manager | Name: KAMAL DAGHISTANI | ■ Manager | Name: JESSE SEITZ |
| □Member | Address: 5975 SW 104TH STREET | □Member | Address: 5975 SW 104TH STREET |
| □Authorized | MIAMI, FL 33156 | Authorized | MIAMI, FL 33156 |
| Person | | Person | |
| □Other | | Other | Other |
| ■Manager | Name: WILL NICHOLAS | ≣ Manager | Name: CHRIS VANCE |
| □Member | Address: 5975 SW 104TH STREET | □Member | Address: 5975 SW 104TH STREET |
| □Authorized | MIAMI, FL 33156 | Z Authorized | MIAMI, FL 33156 |
| Person | | Person | |
| Other | | _Other | |
| □Manager | Name: | □ Manager | Name: |
| □Member | Address: | □Member | Address: |
| □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. 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.

| | kamal Dagleistani | |
|------------------|-----------------------------------|---|
| | Signature of an authorized person | |
| KAMAL DAGHISTANI | | |
| | Exped or printed name of signee | - |

Page: 5 of 5



Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "JK CLIMBING 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 SIXTEENTH DAY OF NOVEMBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "JK CLIMBING LLC" WAS FORMED ON THE FIRST DAY OF MARCH, A.D. 2021.

Authentication: 204704276

Date: 11-16-21