M220000 1590

| (Requestor's Name) | | | | | | |
|---|--|--|--|--|--|--|
| (Address) | | | | | | |
| (Address) | | | | | | |
| (City/State/Zip/Phone #) | | | | | | |
| PICK-UP WAIT MAIL | | | | | | |
| (Business Entity Name) | | | | | | |
| (Document Number) | | | | | | |
| Certified Copies Certificates of Status | | | | | | |
| Special Instructions to Filing Officer: | | | | | | |
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Office Use Only



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SECRETARY OF STATE
AND ANASSEE, FLORID

COVER LETTER

TO:

| ECT: | JSCB Capital, LLC | | | | | |
|---|---|---|--|--|--|--|
| | Name of Limited Liability Company | | | | | |
| | | Company for Authorization to Transact Business in Florida," Certifica referenced foreign limited liability company to transact business in Florida. | | | | |
| return | all correspondence concerning this matter t | to the following: | | | | |
| | Michael Hooper | | | | | |
| | Name of Person | | | | | |
| | Rentthebay.com | | | | | |
| | Firm/Company | | | | | |
| | PO Box 714 | | | | | |
| Address | | | | | | |
| | Tampa, FL 33601 | | | | | |
| | | City/State and Zip Code | | | | |
| | mike@rentthebay.com | | | | | |
| | E-mail address: (to be | e used for future annual report notification) | | | | |
| rther in | iformation concerning this matter, please ca | 11: | | | | |
| Mic | hael Hooper | 813 468-0880 at (| | | | |
| | Name of Contact Person | Area Code Daytime Telephone Number | | | | |
| Mailing Address: | | Street Address: | | | | |
| Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | | Registration Section | | | | |
| | | Division of Corporations | | | | |
| | | The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 | | | | |
| | | Tallahassee, FL 32303 | | | | |
| Plea | losed is a check for the following amount: use make check payable to: FLORIDA DEI 125.00 Filing Fee S130.00 Filing Fe | PARTMENT OF STATE the & \$\Boxed{\Boxes} \ \$155.00 \text{ Filing Fee. } \Boxed{\Boxes} \ \$160.00 \text{ Filing Fee. } \text{Certificate} | | | | |

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA;

| JCSB Capital, LLC | | | | | |
|---------------------------------------|--|--|---------------------------|----------------------------------|---------------|
| (Name of Foreign | Limited Liability Company; must include "Limite | d Liability Comp | any," "L.L.C.," or "LLC | 2.") | |
| | | | | | |
| (If name unavailable, enter alternate | name adopted for the purpose of transacting business in l | lorida. The alternate | name must include "Limite | ed Liability Company," "L.L. | C," or "LLC." |
| MO 2 | | 3 | 37-370 | 1232 | |
| (Jurisdiction under the law of w | hich foreign limited liability company is organized) | | (FEI r | number, if applicable) | |
| 01/01/2022 | | | | | |
| 7. | (Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determ | registration.) tine penalty liability |) | | |
| 3321 Henderson Blvd 5. | | | ox 714 | | |
| (Street Address of Principal Office) | | 0(| Mailing Address) | | |
| Tampa, FL 33609 | | Tamp | oa, FL 33601 | | |
| | ···· | | | 2022 SEI TAL | |
| | | | | | |
| 7. Name and street address | ss of Florida registered agent: (P.O. Box | NOT accept | able) | JAN 24 CRETAFT LAHASSI | |
| Name: | Gibbons Newman | | _ | 24 AM 9 RY OF SI SSEE, FLC | |
| Office Address: | 3321 Henderson Blvd | | - | M 9: 49 F STATE F FLORIDA | |
| | Tampa | | 33609 _ , Florida | | |
| | (City) | | (Zip cod | le) | |

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)

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: | <u>Title or Capacity:</u> | Name and Address: | | |
|--------------------|---------------------|---------------------------|---------------------------------------|--|--|
| ■Manager | Name: Jason Smith | ■Manager | Name: Carson Buckman | | |
| □Member | Address: PO Box 714 | □Member | Address: PO Box 714 | | |
| □Authorized | Tampa, FL 33601 | □Authorized | Tampa, FL 33601 | | |
| Person | | Person | | | |
| Other | □Other | □Other | □Other | | |
| □Manager | Name: | □Manager | Name: | | |
| □Member | Address: | □Member | Address: | | |
| □Authorized | | □Authorized | | | |
| Person | | Person | · · · · · · · · · · · · · · · · · · · | | |
| Other | Other | □Other | Other | | |
| □Manager | Name: | □Manager | Name: | | |
| □Member | Address: | □Member | Address: | | |
| □Authorized | | □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

STATE OF MISSOURI



John R. Ashcroft Secretary of State

CORPORATION DIVISION
CERTIFICATE OF GOOD STANDING

1, JOHN R. ASHCROFT, Secretary of State of the STATE OF MISSOURI, do hereby certify that the records in my office and in my care and custody reveal that

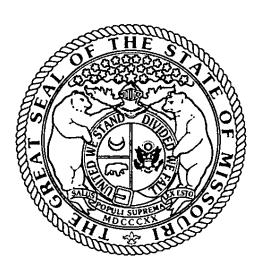
JSCB Capital, LLC LC014336704

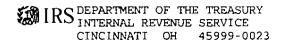
was created under the laws of this State on the 22nd day of November, 2021, and is active, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the GREAT SEAL of the State of Missouri. Done at the City of Jefferson, this 20th day of January, 2022.

Secretary of State

Certification Number: CERT-01202022-0034





The second second second

Date of this notice: 11-24-2021

Employer Identification Number:

87-3701232

Form: SS-4

Number of this notice: CP 575 B

JSCB CAPITAL CARSON BUCKMAN MBR 5916 E FARM ROAD 170 ROGERSVILLE, MO 65742

For assistance you may call us at: 1-800-829-4933

IF YOU WRITE, ATTACH THE STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 87-3701232. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

Based on the information received from you or your representative, you must file the following form(s) by the date(s) shown.

Form 1065 03/15/2022

If you have questions about the form(s) or the due date(s) shown, you can call us at the phone number or write to us at the address shown at the top of this notice. If you need help in determining your annual accounting period (tax year), see Publication 538, Accounting Periods and Methods.

We assigned you a tax classification based on information obtained from you or your representative. It is not a legal determination of your tax classification, and is not binding on the IRS. If you want a legal determination of your tax classification, you may request a private letter ruling from the IRS under the guidelines in Revenue Procedure 2004-1, 2004-1 I.R.B. 1 (or superseding Revenue Procedure for the year at issue). Note: Certain tax classification elections can be requested by filing Form 8832, Entity Classification Election. See Form 8832 and its instructions for additional information.

A limited liability company (LLC) may file Form 8832, Entity Classification Election, and elect to be classified as an association taxable as a corporation. If the LLC is eligible to be treated as a corporation that meets certain tests and it will be electing S corporation status, it must timely file Form 2553, Election by a Small Business Corporation. The LLC will be treated as a corporation as of the effective date of the S corporation election and does not need to file Form 8832.

To obtain tax forms and publications, including those referenced in this notice, visit our Web site at www.irs.gov. If you do not have access to the Internet, call 1-800-829-3676 (TTY/TDD 1-800-829-4059) or visit your local IRS office.