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## **COVER LETTER**

TO:	Registration Section Division of Corporations					
SUBJE	J-Mack Technologies, LLC					
Name of Limited Liability Company						
The enc Existence	closed "Application by Foreign Limited Liabil ce, and check are submitted to register the abo	lity Company for Authorization to Transact Business in Florida," Certificate of ove referenced foreign limited liability company to transact business in Florida				
Please r	eturn all correspondence concerning this matt	ter to the following:				
	John McCormack					
	<del></del>	Name of Person				
	J-Mack Technologies, LLC					
		Firm/Company				
	4032 Peninsula Club Cir					
	Address					
	Fort Worth, TX 76135-4622					
	<del></del>	City/State and Zip Code				
	john.mccormack@j-mack.com					
	E-mail address: (t	to be used for future annual report notification)				
For furt	ther information concerning this matter, please	e call:				
John McCormack		504 400-4685 at ( )				
	Name of Contact Person	Area Code Daytime Telephone Number				
Mailing Address: Registration Section		Street Address: Registration Section				
Division of Corporations		Division of Corporations				
P.O. Box 6327		The Centre of Tallahassee				
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				
	Enclosed is a check for the following amour Please make check payable to: FLORIDA I  \$\Begin{array}{l} \text{\$\text{Floriba}\$} & \$\text{\$\exititt{\$\text{\$\exititt{\$\text{\$\text{\$\text{\$\text{\$\texititt{\$\text{\$\text{\$\te	DEPARTMENT OF STATE				

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

IN COMPILANCE WITH SECTION 605.0002, FLORIDA STATUTEN THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. J-Mack Technologies, I	.E.C .imited Liability Company; must include "Limited	Liability Cor	nnany""   1 C " or "11 C	<del>",</del>	<u>.</u>	
(Name of Foreign)	animed Mannity Company, mass mender Mannes	Thataniy ev	inputity, variation, or variation	,		
If name unavailable, enter alternate n	ame adopted for the purpose of transacting business in Flo	irida. The altern	iate name must include "Limite	d Liability C	ompany," "L.L.C," or "LLC.	
Delaware			′ <del>1</del> 850738			
2. (Jurisdiction under the law of which foreign limited liability company is organized)		3	or EFF)	(FEI number, if applicable)		
4	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determi	egistration.) ne penalty liabil	hty)			
4032 Peninsula Club Cir			32 Peninsula Club Cir (Mailing Address)			
(Street Address of Principal Office)			(Mailing Address)			
Fort Worth, TX 76135-4622		Fort Worth, TX 76135-4622				
			····	•••	22	
7. Name and street addres	s of Florida registered agent: (P.O. Box	NOT acce	ptable)		E	
Name:	Registered Agents Inc.					
Name.		<u> </u>	<del></del>	••	田田フ	
Office Address:	7901 4th St N STE 300				<del></del>	
	St. Petersburg		33702 , Florida		CT CT	
	(Civ)		(Zip code	·)		

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:	Title or Capacity:	Name and Address:
□Manager	Name:	□Manager	Name: Russell Coleman
■Member	Address: 4032 Peninsula Club Cir	■Member	Address: 313 Coki Amalie Ct
□Authorized	Fort Worth, TX 76135-4622	□Authorized	Charleston SC 29492-8589
Person		Person	
Other	Other	□Other	Other
□Manager	Name: Charles Stone	□Manager	Name:
■Member	Address:	□Member	Address:
□Authorized	San Diego CA 92131	□Authorized	
Person		Person	
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.

John McCormack

Typed or printed name of signee



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

DELAWARE, DO HEREBY CERTIFY "J-MACK TECHNOLOGIES, 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 EIGHTH DAY OF JANUARY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.

Authentication: 202349788

Date: 01-08-22