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T. LEMIEUX MAR 08 2022

#### **COVER LETTER**

TO:

JECT:	73m	Enter pr	Name of Limited Liability Company
			lity Company for Authorization to Transact Business in Florida," Certificate ove referenced foreign limited liability company to transact business in Florida,
se return all c	orrespondence co	ncerning this matte	ter to the following:
		Tr	Name of Person
			Name of Person
		J	13m Enterprises Firm/Company
			Firm/Company
	6245	No. FeJa	ral Hwy # 313
	Fort	Lauderda	City/State and Zip Code
_			City/state and Zip Code  A/CY . Com  To be used for future annual report notification)
further inform		this matter, please	
	Hera E	5coto	at (905) 796 · 9022
	Name of	Contact Person	Area Code Daytime Telephone Number
Mailing .			Street Address: Registration Section
•	ation Section n of Co <del>rp</del> oration	\nc	Division of Corporations
	ox 6327 The Centre of Tallahassee		
	ssee, FL 32314	<b>k</b>	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
		following amount	

#### FLORIDA DEPARTMENT OF STATE Division of Corporations

September 9, 2021

TRAVIS MACK 6245 N FEDERAL HWY #313 FT LAUDERDALE, FL 33308

SUBJECT: J3M ENTRPRISES LLC Ref. Number: W21000122404

We have received your document for J3M ENTRPRISES LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 321A00021753

Tracy L Lemieux Regulatory Specialist II

www.sunbiz.org

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, TE COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:	HE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
J3m Enterprises LLC	
(Name of Foreign Limited Liability Company; must include "L	Limited Liability Company," "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for the purpose of transacting business	ss in Florida. The alternate name must include "Limited Liability Company," "LLC," or "LLC.")
2. Dela ware	3. 45-403 6955
(Jurisdiction under the law of which foreign limited liability company is organized	(FEI number, if applicable)
4	
(Date first transacted business in Florida, if p (See sections 605.0904 & 605.0905, F.S. to a	orior to registration.) determine penalty liability)
5. 6945 No. Federal Huy #.313 (Street Address of Principal Office)	6. (Mailing Address)
Intlanderdale, Fi	
33308	
7. Name and street address of Florida registered agent: (P.O.	AR HAR
Name: Travis Mack	FILED
Office Address: 1045 No. Fadaal th	PH 4: 26 PF STATE FLORIB
Jat Lander dale (City)	, Florida <u>333,08</u>
designated in this application, I hereby accept the appointme	e of process for the above stated limited liability company at the place ent as registered agent and agree to act in this capacity. I further agree coper and complete performance of my duties, and I am familiar with
Vaine (Registered a	Moc/

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 ☐ Manager Name: \_\_\_\_ Address: 2926 Los Robbs Fd ☐ Member ☐ Mcmber Address: ☐ Authorized ☐ Authorized Person Person Other Other ☐Other Other\_\_\_\_ □Manager □Manager Name: \_\_\_\_\_ □Member □Member Address: \_\_\_\_\_ ☐ Authorized □ Authorized Person Person ☐ Other\_ □Other □Other Other\_\_\_\_ □Manager Name: \_\_\_\_\_ Name: \_\_\_\_\_ Manager □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. 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.

# Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "J3M ENTERPRISES, 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 ELEVENTH DAY OF FEBRUARY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "J3M ENTERPRISES, LLC" WAS FORMED ON THE SEVENTH DAY OF DECEMBER, A.D. 2011.