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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

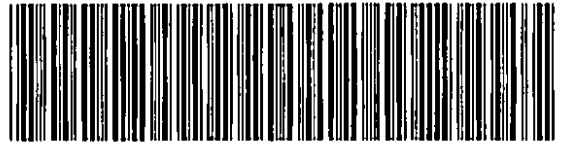
Certified Copies _____ Certificates of Status _____

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STATE
FILE

S. HAWKES
FEB - 2021



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 8, 2022

MONICA MILLER
4800 N FEDERAL HWY SUITE E-301
BOCA RATON, FL 33431

SUBJECT: JELLYFISH KEY LLC
Ref. Number: W22000030169

We have received your document for JELLYFISH KEY LLC and check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The registered agent must sign accepting the designation.

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

Suzanne Hawkes
Regulatory II

Letter Number: 522A00005562

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JELLYFISH KEY LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

MONICA MILLER

Name of Person

SPYRIDES LAW FIRM, PA

Firm/Company

4800 N. FEDERAL HWY, SUITE E-301

Address

BOCA RATON, FL. 33431

City/State and Zip Code

MONICA@SPYLAW.NET

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MONICA MILLER

561

405-9000

at ()

Name of Contact Person

Area Code

Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☒ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

APPLICANT: LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSFER BUSINESS IN FLORIDA

SINCE

IN COMPLIANCE WITH THE FLORIDA STATUTES THE FOLLOWING IS SUBMITTED FOR REVIEW AND APPROVAL BY THE STATE OF FLORIDA

OFFICE

1. The name of the company is: United Fidelity Company, LLC

2. The principal office of the company is located at: 87 3248175

3. The company is organized under the laws of the State of Florida.

4. The company is authorized to do business in the State of Florida.

5. The company is authorized to do business in the State of Florida.

6. The company is authorized to do business in the State of Florida.

7. The company is authorized to do business in the State of Florida.

8. Name and address of Florida registered agent: (P.O. Box NOT acceptable)


SPYREDES LAW FIRM PA

1800 N. FEDERAL HWY SUITE E 301

FLORIDA 33131

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 on 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

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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]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: <u>Edward G. Perez</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>11650 NW 102 Road</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>Medley, FL 33178</u>	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Names indexed in this report 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 or the translation 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 this report to the Department of State constitutes a third degree felony as provided for in s. 817.033, F.S.

Signature of authorized person

Edward G. Perez

Typed or printed name of signer

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "JELLYFISH KEY, 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 FIFTEENTH DAY OF FEBRUARY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "JELLYFISH KEY, LLC" WAS FORMED ON THE TWENTIETH DAY OF OCTOBER, A.D. 2021.

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



6321982 8300

SR# 20220235850

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 202665897

Date: 02-15-22