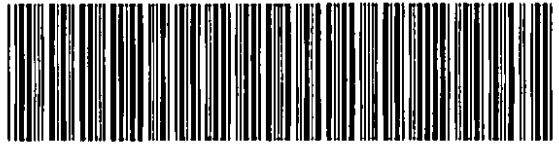


M 22 00000 3870



400381152634

(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:

Give Back TO
(30)
W22-30169

Office Use Only

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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
SPYREDES 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 at (561) 405-9000
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 ALIEN REGISTRATION PURPOSES IN FLORIDA BUSINESS

IN COMPLIANCE WITH THE FLORIDA STATUTES AND FOLLOWING IS MY BEST EFFORT TO REGISTER THE COMPANY AS A LIMITED LIABILITY COMPANY IN THE STATE OF FLORIDA.

1. The name of the company is: _____
_____ (Corporate name include "Limited Liability Company" or "LLC")

2. The principal office address of the company is: _____
_____ (The alternate name is: _____)

D. _____ 87 3248175
2. _____ 3. _____
_____ (limited liability company is organized) _____ (date of formation)

4. _____
_____ (The state of business in Florida if for foreign formation)
_____ (The state of business in Florida if for domestic formation)

5. _____ 6. 11650 NW 102 Road
_____ (Street) _____ (Mailing Address)

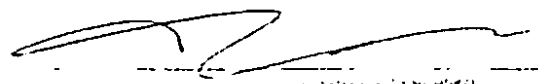
M. S. _____ Medley, FL 33175

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

SPS REDES LAW FIRM PA
1800 N. FEDERAL HWY SUITE E 301
CORPORATION
Florida 33131

2011 11 17 AM 8:35
STATE
FILED

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.



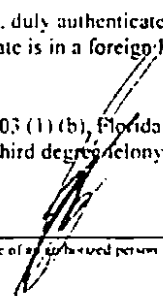
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<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 Person	<u>Medley, FL 33178</u>	<input type="checkbox"/> Authorized 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 Person	_____	<input type="checkbox"/> Authorized 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 Person	_____	<input type="checkbox"/> Authorized 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 to the Department of State constitutes a third degree felony as provided for in s. 817.333, F.S.



 Signature of authorized person
Edward G. Perez

 (typed or printed name of signer)

Delaware

Page 1

The First State

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.




Jeffrey W. Bullock, Secretary of State

6321982 8300

SR# 20220235850

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

Authentication: 202665897

Date: 02-15-22