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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Jo-Gam Investments 2010 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:

Peter Johnson

Name of Person

Jo-Gam Investments 2010 LLC

Firm/Company

2142 Amarillo Lane

Address

Punta Giorda Florida 33983

City/State and Zip Code

johnsonp@nbnet.nb.ca

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

For further information concerning this matter, please call:

Peter Johnson

506

878-3720

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

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:

1. Jo-Gam Investments (2010) LTD., LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C." or "LLC.")

2. New Brunswick, Canada
(Jurisdiction under the law of which foreign limited liability company is organized)

3. _____
(FEI number, if applicable)

4. January 1, 2022
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 2142 Amarillo Lane
(Street Address of Principal Office)

6. Same as street address
(Mailing Address)

Punta Gorda

Florida 33983

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

Name: Dara B Sorah CPA LLC

Office Address: 1435 Collingswood Blvd. Unit G

Port Charlotte, Florida 33948
(City) (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.

Dara Sorah
(Registered agent's signature)

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TALLAHASSEE, FLORIDA

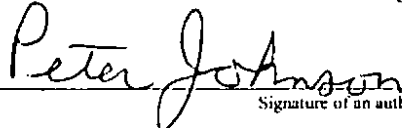
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

| <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: Peter Johnson | <input type="checkbox"/> Manager | Name: _____ |
| <input type="checkbox"/> Member | Address: 2142 Amarillo Lane | <input type="checkbox"/> Member | Address: _____ |
| <input type="checkbox"/> Authorized | Punta Gorda | <input type="checkbox"/> Authorized | _____ |
| Person | Florida, 33983 | 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. 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

Peter Johnson

Typed or printed name of signer



CANADA / CANADA
PROVINCE OF NEW BRUNSWICK / PROVINCE DU NOUVEAU-BRUNSWICK
BUSINESS CORPORATIONS ACT / LOI SUR LES CORPORATIONS COMMERCIALES

I HEREBY CERTIFY that according to the records under the *Business Corporations Act*,
JE CERTIFIÉ par la présente que d'après les livres en vertu de la *Loi sur les corporations commerciales*,

JO-GAM INVESTMENTS (2010) LTD.

Corporate name / Dénomination sociale

649069

Corporation number / Numéro de société

was incorporated by Articles of Incorporation / a été constituée par les statuts constitutifs

2010-02-02

Date of Certificate of Incorporation (YYYY-MM-DD)
Date du certificat de constitution (AAAA-MM-JJ)

I CERTIFY FURTHER that according to the said records the above corporation has not been dissolved.

JE CERTIFIE ÉGALEMENT que, d'après lesdits livres, la corporation ci-dessus n'a pas été dissoute.

CERTIFIED under my hand at Fredericton, New Brunswick
CERTIFIÉ par le soussigné à Fredericton, Nouveau-Brunswick

A handwritten signature in cursive script, appearing to read "Perry Coanier".

Deputy Director / Directeur Adjoint
Business Corporations Act / Loi sur les corporations commerciale

2022-04-20

Issuance date (YYYY-MM-DD)
Date d'émission (AAAA-MM-JJ)