Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000155758 3)))



H220001557583ABC2

To:	Division of Corporations Fax Number : (850)617-6383		
From:	Account Name : CAPITOL SERVICE Account Number : 1201600000017 Phone : (855)498-5500 Fax Number : (800)432-3622	·	N SEC
**Enter t ann	he email address for this business ual report mailings. Enter only one	entity to be use e email address p	lease 🕶 🎞 🗀 .
Ema	ll Address:		SEE C
Francisco (Paris de Carlos de C	Foreign Limited Liabilit		TEORIUA
	Certificate of Status	0	
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	Estimated Charge	\$155.00	
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## COVER LETTER

***	ration Section on of Corporations	127 128 128	
empreer, JJ	R Private Capital LLC		
SCHIECT:		imited Liability Company	_
The enclosed "A Existence, and c	Application by Foreign Limited Liability Compacheck are submitted to register the above referen	any for Authorization to Transact Business in Florid need foreign limited liability company to transact b	da," Certificate of usiness in Florida.
Please return all	l correspondence concerning this matter to the f	ollowing:	
	Na	me of Person	_
	Capitol Services - Corporate Filing	gs Team	
	Fir	m/Company	
IMPORTANT: The email address	515 East Park Avenue 2nd Fl	Address	
entered here will be utilized for		Addies	
future annual report notifications and possibly other		ate and Zip Code	_
NOTIFICATIONS from the STATE	josh.epstein@jjrcapital.com	for future annual report notification)	<del></del>
for further info	ormation concerning this matter, please call:	•	
		at ( 855 ) 498 <sup>-u</sup> 5500	
	Name of Contact Person	Area Code Daytime Telephone Number	er
MAILING ADDRESS: Division of Corporations Registration Section		STREET ADDRESS: Division of Corporations Registration Section	
	3ox 6327 nassee, FL 32314	Clifton Building 2661 Executive Center Circle Tallahaesee, Fl. 32301	
Please	sed is a check for the following amount: make check payable to: FLORIDA DEPART 125.00 Filing Fee \$\int \text{S130.00 Filing Fee & Certificate of Sta}	\$155.00 Filing Fee & \$160.00 Fil	ling Fee, Certificate Certified Copy
	Stillion of Sta		- ,

(04/06) 04/29/2022 12:16:25 PM

\*Taylor Seay 8004323622

## 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. JJR Private Capital L (Name of Foreign Limit	ed Liability Company; must include "	Limited Liability Company,"	"L.L.C.," or "LLC.")	
(If name unavailable, ourer alternate name a	lopted for the purpose of transacting busines	is in Florida. The alternate name to	nus include "Limited Liability Comp	eny," "L.L.C," or "LL.C.")
Delaware	reign limited liability company is organized	3	(FHI number, if applic	
(Jurisdiction under the law of which to	reign tumico tiatriniy company is organized.		(	
4,	(Date first transacted business in Florida, if (See sections 603,0904 & 603,0905, F.S. to	prior to registration.) determine pensity liability)		
, 1900 Sunset Harbour Dr.		<sub>6.</sub> <u>1</u> 900 St	ınset Harbour Dr.	2022 APR 29 SEL RETAINANTAL
(Street Address of Princip	al Office)	<del></del> -	(Mailing Address)	RE TAB
Ste. M&N		Ste. M&	<u>N</u>	29
Miami Beach, FL 33139		Miami B	Miami Beach, FL 33139	
7. Name and <u>street address</u> of	Florida registered agent: (P.C	). Box NOT acceptable	)	H: 43
Name: C	apitol Corporate Service	es, Inc		
Office Address: 5	5 East Park Avenue 2r	nd Fl		
<u>T:</u>	aliahassee (City)	, F	lorida 32301	

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.

Toylor Suy

(C≝y)

Taylor Seay, Asst. Secretary on behalf

Title or Capacity:	Name and Address:	Title or Capacity:	
⊠Manager	Name: Ronald Schmeichel	Manager	Name: James Eaton
Member	Address: 1900 Sunset Harbour Dr.	☐ Member	Address: 1900 Sunset Harbour Dr
Authorized	Ste. M & N	Authorized	Ste. M & N
Person	Miami Beach, FL 33139	Person	Miami Beach, FL 33139
Other	Other	Other	Other
Manager	Name:	Manager	Name:
Member	Address:	☐ Member	Address:
Authorized		Authorized	
Person		Person	
Other	Other	Other	Other
Manager	Name:	Manager	Name:
Member	Address:	☐ Member	Address:
Authorized		Authorized	
Person		Person	
Other	Other	Other	Other
9. Attached is a conjurisdiction under to of the translator mu	Use an attachment to report more than six (6). The smay be added to the index when filing your Floratificate of existence, no more than 90 days old, the law of which it is organized. (If the certificate ust be submitted)  is executed in accordance with section 605.0203 ament to the Department of State constitutes a thing.)	orida Department of State duly authenticated by the c is in a foreign languag  (1) (b), Florida Statute	ce Annual Report form.  c official having custody of records in the  c, a translation of the certificate under on  s. I am aware that any false information

Andy Trimble, Legal Counsel to JJR Private Capital LLC
Typed or printed name of signee

## **Delaware**

The First State

Page 1

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

DELAMARE, DO HEREBY CERTIFY "JJR PRIVATE CAPITAL LLC" IS DULY

FORMED UNDER THE LAWS OF THE STATE OF DELAMARE AND IS IN GOOD

STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE TWENTY-NINTH DAY OF APRIL, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "JJR PRIVATE CAPITAL LLC" WAS FORMED ON THE FIRST DAY OF MARCH, A.D. 2021.

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



MSIC

Authentication: 203308388

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