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S. ROBERTS AUG 1 1 2022

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

JMSK CAPITAL H	OLDINGS, LL	C	
			Art of Inc. File
			LTD Partnership File
			Foreign Corp. File
			L.C. File
			Fictitious Name File
			Trade/Service Mark
			Merger File
			Art. of Amend. File
			RA Resignation
			Dissolution / Withdrawal
			Annual Report / Reinstatement
			Cert. Copy
			Photo Copy
			Certificate of Good Standing
			Certificate of Status
			Certificate of Fictitious Name
			Corp Record Search
			Officer Search
			Fictitious Search
Signature			Fictitious Owner Search
			Vehicle Search
			Driving Record
Requested by: SETH	08/10/22		UCC 1 or 3 File
Name		Time	UCC 11 Search
Hallie	Date	11110	UCC 11 Retrieval
Walk-In	Will Pick Up		Courier

COVER LETTER

Divi	ision of Corporations				
SUBJECT:	JMSK CAPITAL HOLDINGS,LLC				
SULLET.	Nan	ne of Limited Liability Company			
The enclosed Existence, ar	l "Application by Foreign Limited Liability and check are submitted to register the above	Company for Authorization to Transact Business in Florida," Certificate of referenced foreign limited liability company to transact business in Florida.			
Please return	all correspondence concerning this matter	to the following:			
	MELISSA HATFIELD				
		Name of Person			
	JMSK CAPITAL HOLDINGS LLC				
	Firm/Сопрапу				
	3280 TAMIAMI TRAIL STE 55A UNIT 317 PORT CHARLOTTE ,FL 33952				
	Address				
	PORT CHARLOTTE,FLORIDA 339	52			
	-	City/State and Zip Code			
	MELHATFLD@GMAIL.COM				
	E-mail address: (to b	e used for future annual report notification)			
For further in	nformation concerning this matter, please co	all:			
ME	LISSA HATFIELD	813 998-5518			
	Name of Contact Person	Area Code Daytime Telephone Number			
Reg Div P.C	iting Address: gistration Section vision of Corporations D. Box 6327 lahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810			
Plea	losed is a check for the following amount: use make check payable to: FLORIDA DE: 125.00 Filing Fee \$130.00 Filing Fee Certificate	ee & 🗆 \$155.00 Filing Fee & 🗔 \$160.00 Filing Fee, Certificate			

"Coannad with Cameaanar"

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:

. <u>. </u>			· · · · ·	_
same unavailable, enter alternate s	name adopted for the purpose of transacting business in Florida. The	alternate name must include "Limited Liab	oility Company." "L.L.C."	or "LLC
WASHINGTON STAT	t	46-2118492		
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	(FEI number	r, if applicable)	
	(Date first transacted business in Florida, if prior to registratio	A.)		
429 29TH ST NE STE	(See sections 605.0904 & 603.0905, F.S. to determine penalty	liability) 1501 TACOMA AVE S UNT	T 40 9	
eet Address of Principal Office)	6.	(Mailing Address)	<u> </u>	
PUYALLUP, WA 98372		TACOMA,WA 98402		
	ss of Florida registered agent: (P.O. Box NOT MELISSA HATFIELD	acceptable)	2422 AUG 1	er i
Name and street address Name: Office Address:		acceptable)	2 2 22 AUG 11 PM	er Tr
Name:	MELISSA HATFIELD	acceptable)	2422 AUG 11 PM 1: 17	## ## # *** *** ***

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	i	Name and Address:
■ Manager	Name: Melissa Hatfield	□Marager	Name:	
≅Member	Address: 3280 Tamiami trail ste 55A	□Member	Address:	
□Authorized	Port Charlotte,Fl 33952	☐ Authorized		
Person		Person		
Other	Other	Other		Other
□Manager	Name:	□Marager	Name:	
□Member	Address:	□Member	Address:	
□Authorized		Authorized		
Person		Person		
Other	Other	Other		Other
□Manager	Name:	□Marager	Name;	
□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. 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 (clony as provided for in s.817.155, F.S.

Signature of any authorized person

MELISSA HATFIELD





Secretary of State

I, STEVE R. HOBBS, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF FORMATION

to

JMSK CAPITAL HOLDINGS, LLC

a/an WA LIMITED LIABILITY COMPANY. Charter documents are effective on the date indicated below.

Effective Date: 03/12/2013 UBI Number: 603 283 273



REAL PROPERTY.

Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

to R Hobbie

Steve R. Hobbs, Secretary of State

Date Issued: 08/01/2022