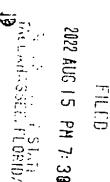
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(R	equestor's Name)	
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(C	ity/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
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T. LEMIEUX AUG 2 2 2022

COVER LETTER

TO:

JBJECT:	JEMZ LLC	
DJECT.		e of Limited Liability Company
e enclosed istence, ar	d "Application by Foreign Limited Liability nd check are submitted to register the above	Company for Authorization to Transact Business in Florida," Certific referenced foreign limited liability company to transact business in F
ase return	n all correspondence concerning this matter t	to the following:
	Gregory Mitchell, Esquire	
		Name of Person
	Lorium PLLC	
		Firm/Company
	197 South Federal Highway, Suite 200	D
		Address
	Boca Raton, FL 33432	
	C	City/State and Zip Code
	BocaFilings@LoriumLaw.com	
	E-mail address: (to be	e used for future annual report notification)
r further in	nformation concerning this matter, please ca	It:
Gre	egory Mitchell, Esquire	561 361-1000 at ()
	Name of Contact Person	Area Code Daytime Telephone Number
Re	iling Address: gistration Section	Street Address: Registration Section
Division of Corporations P.O. Box 6327		Division of Corporations The Centre of Tallahassee
	llahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Plea	closed is a check for the following amount: ase make check payable to: FLORIDA DEP	
	\$125.00 Filing Fee	-



July 28, 2022

GREGORY MITCHELL 197 S FEDERAL HWY STE 200 BOCA RATON, FL 33432

SUBJECT: JEMZ LLC

Ref. Number: W22000098794

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

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Tracy L Lemieux Regulatory Specialist II

Letter Number: 322A00016939

RECEIVED

AUG 1 5 2022

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605,0902, FLORIDA STATUTEN THE FOLLOWING IN SUBMITTED TO REGISTER A FOREIGN LIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

name unavailable, enter alternate i	name adopted for the purpose of transacting business in Fl	orida. The alter	nate name must include "Limited Liabi	ality Company," "L. L.C." o	r "LLC
New York			5-2464702		
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	٠	(FEI number,	, if applicable)	
·	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determine	registration) ine penalty liabi	hty)		
8132 Valhalla Drive			32 Valhalla Drive		
et Address of Principal Office)		6	(Mailing Address)		_
Delray Beach, Fl. 334-	46	De	lray Beach, FL 33446		
Name and <u>street addres</u>	ss of Florida registered agent: (P.O. Box	NOT acci	eptable)		_
Name and <u>street addres</u> Name:	ss of Florida registered agent: (P.O. Box Lorium PLLC	<u>NOT</u> acci	eptable)	2022 AL	_
	_		eptable)	2022 AUG 15	
Name:	Lorium PLLC		33432	2022 AUG 15 PM 7	FILED
Name:	Lorium PLLC 197 South Federal Highway, Suite 200			2022 AUG 15 PM 7: 38	FILED

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]: Name and Address: Title or Capacity: Name and Address: Title or Canacity: Michelle Baradarian Name: _____ ■Manager Address: 8132 Valhalla Drive Address: _____ _ ☐ Member ☐ Member Delray Beach, FL 33446 □ Authorized ☐ Authorized Person Person Other_____ □Other_____ □Other ______ ☐Other
______ Name: ______ Name: _____ □Manager □Manager Address: □Member Address: _________ □Member ☐ Authorized ☐ Authorized Person Person □Other ______ □Other_____ □Other _____ □Other Name: ____ _ _ _ _ _ _ _ ☐ Manager Name: _____ ☐ Manager ☐Member Address: ______ ☐ Member ☐ 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. Nonindexed 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. Michelle Baradarian

Typed or printed name of signee

STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I, ROBERT J. RODRIGUEZ, Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

Entity Name: JEMZ LLC
DOS ID Number: 4342146

Entity Type: DOMESTIC LIMITED LIABILITY COMPANY

Entity Status: EXISTING

Date of Initial Filing with DOS: 01/07/2013

Statement Status: PAST DUE DATE

Statement Due Date: 01/31/2015

No information is available from this office regarding the financial condition, business activity or practices of this entity.



WITNESS my hand and official seal of the Department of State, at the City of Albany, on August 11, 2022 at 10:13 A.M.

ROBERT J. RODRIGUEZ, Secretary of State

Brandon C Hydro

By Brendan C. Hughes Executive Deputy Secretary of State

Authentication Number: 100002013126 To Verify the authenticity of this document you may access the Division of Corporation's Document Authentication Website at http://ecorp.dos.ny.gov