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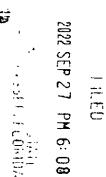
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COVER LETTER

TO: Registration Section

BJECT: _	egard Recovery JP, LLC	act in itself tightility Company			
	Name	e of Limited Liability Company			
e enclosed ". istence, and	Application by Foreign Limited Liability (check are submitted to register the above)	Company for Authorization to Transact Business in Florida." Certificate referenced foreign limited liability company to transact business in Flor			
ase return al	I correspondence concerning this matter to	o the following:			
	Mayling Jaramillo				
		Name of Person			
	Regard Recovery JP, LLC				
		Firm/Company			
	6460 NW 5th Way				
		Address			
	Ft. Lauderdale, FL 33309				
	C	ity/State and Zip Code			
	mjaramillo@regardrecovery.com				
	E-mail address: (to be	used for future annual report notification)			
r further info	rmation concerning this matter, please ca	II:			
Mayli	ing Jaramillo	at (954 771-2091 Area Code Daytime Telephone Number			
	Name of Contact Person	Area Code Daytime Telephone Number			
Mailing Address: Registration Section		Street Address: Registration Section			
Division of Corporations		Division of Corporations			
P.O. Box 6327		The Centre of Tallahassee			
Talla	hassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
	sed is a check for the following amount:				

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

IN COMPILANCE 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:

Regard Recovery JP, LI								
(Name of Foreign	Limited Liability Company; must include "Limite	ed Liability	Company	," "L.L.C.," o	r "LLC.")			
(If name unavailable, enter alternate n	ame adopted for the purpose of transacting business in F	Florida The s	liemate nar	ne must include	"Limited Lial	oility Company,"	`L,L,C," o	r"L.L.C ")
Delaware 2.		3.				r, if applicable)		
(Inrisdiction under the law of w	nich foreign limited liability company is organized)				(FEI number	r, if applicable)		
10/19/2021								
	(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determ	o registration. nine penalty l) iability)					
6460 NW 5th Way			6460 N	W 5th Way				
5. (Street Address of Principal Office)			(Mai	ling Address)				_
Ft. Lauderdale, FL 33309		Ft. Lauderdale, FL 33309						
						₩.	2022	
7. Name and street addres	s of Florida registered agent: (P.O. Bo	x <u>NOT</u> a	cceptab	le)			SEP 27	_
Name:	Mayling Jaramillo						P# 6:	E0
Office Address:	6460 NW 5th Way) (GPA) TVI	: 09	
	F1. Lauderdale		,	33 Florida	309			
	(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.

(Registered agent's signature)

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: Name and Address: Title or Capacity: Title or Capacity: Name: Eli Schwarcz Name: Brett McGennis □ Manager □ Manager Address: __ 6460 NW 5th Way Address: **■**Member ■Member Ft. Lauderdale, FL 33309 Ft. Lauderdale, FL 33309 □ Authorized □ Authorized Eli Schwarcz Brett McGennis Person Person □Other_____ □Other Other___ Name: _____ □Manager □Manager Name: _____ □Member Address: _____ Address: _____ □Member □ Authorized □ Authorized Person Person □Other____ Other____ □Other _____ Other _____ Name: _____ □Manager □Manager Address: □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. M. D. WH Cumi Brett McGennis

Typed or printed name of signee

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "REGARD RECOVERY JP, 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 TWENTY-NINTH DAY OF AUGUST, A.D. 2022.

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

Authentication: 204269196

Date: 08-29-22