

10/12/22, 11:11 AM

Division of Corporations

**M2200035040**

Florida Department of State  
Division of Corporations  
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**To:**

Division of Corporations  
Fax Number : (850)617-6383

**From:**

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.  
Account Number : 110432003053  
Phone : (561)694-8107  
Fax Number : (561)214-8442

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

**Email Address:** GOVDOCS@CORPCREATIONS.COM

**Foreign Limited Liability Company  
Group SJR LLC**

|                       |          |
|-----------------------|----------|
| Certificate of Status | 1        |
| Certified Copy        | 0        |
| Page Count            | 04       |
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Electronic Filing Menu

Corporate Filing Menu

Help T. LEMIEUX  
OCT 13 2022

**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. Group SJR 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. Delaware

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 90-0992581

(FEI number, if applicable)

4.

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

5. 3 WTC - 175 Greenwich Street, 14th Floor,

(Street Address of Principal Office)

New York, NY, 10007

6. 3 WTC, 175 Greenwich St. 11th FL

(Mailing Address)

New York, NY 10007

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

Name:

Corporate Creations Network Inc.

Office Address:

801 US Highway 1

North Palm Beach

(City)

, Florida

33408

(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.*

Carlos M Alvarez, Special Secretary

(Registered agent's signature)

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LLC

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: <u>Alexander Jutkowitz</u>         | <input type="checkbox"/> Manager                                   | Name: <u>Stephen Black</u>               |
| <input type="checkbox"/> Member             | Address: <u>3 WTC, 175 Greenwich St.</u> | <input type="checkbox"/> Member                                    | Address: <u>3 WTC, 175 Greenwich St.</u> |
| <input type="checkbox"/> Authorized         | <u>11th FL</u>                           | <input type="checkbox"/> Authorized                                | <u>11th FL</u>                           |
| Person                                      | <u>New York, NY 10007</u>                | Person                                                             | <u>New York, NY 10007</u>                |
| <input type="checkbox"/> Other _____        | <input type="checkbox"/> Other _____     | <input checked="" type="checkbox"/> Other <u>CFO and Secretary</u> | <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.

Stephen Black  
Stephen Black (Oct 11, 2022 18:41 EDT)

Signature of an authorized person

Stephen Black, CFO & Secretary

Typed or printed name of signer

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "GROUP SJR 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 TWELFTH DAY OF OCTOBER, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "GROUP SJR LLC" WAS FORMED ON THE TENTH DAY OF JUNE, A.D. 2013.

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



5348111 8300

SR# 20223751622

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 204603656

Date: 10-12-22