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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	





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S. FRANKLIN OCT 14 2022

COVER LETTER

BJECT:	4 J Exchange LLC		-
	Name	of Limited Liability Company	
e enclosed stence, an	H'Application by Foreign Limited Liability Cond check are submitted to register the above r	Company for Authorization to Transact Business in Florida, eferenced foreign limited liability company to transact busi	" Certifica iness in Flo
ase return	all correspondence concerning this matter to	the following:	
	Robert S. Forman, Esquire		
		Name of Person	-
	Roert S. Forman, P. A.		
		Firm/Company	-
	8201 Peters Road, Suite 1000		
		Address	-
	Fort Lauderdale, FL 33324		_
	C	ity/State and Zip Code	1377
	jean@rsflaw.om		~ ;
	E-mail address: (to be	used for future annual report notification)	- U
r further i	nformation concerning this matter, please cal	l:	P
Jea	n Seibold	954 735-0000	بہ د ف
	Name of Contact Person	at () Area Code Daytime Telephone Number	- છ
Mailing Address:		Street Address:	
Registration Section		Registration Section	
Division of Corporations P.O. Box 6327 Division of Corporations The Centre of Tallahassee			
P.O. Box 6327 Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810	
1 a	Hanassee, FL 32314	Tallahassee, FL 32303	
Enc	closed is a check for the following amount: ase make check payable to: FLORIDA DEP	DADTMENT OF STATE	

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

IN COMPLIANCE WITH SECTION 605.0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.I. C." or "L.I. New Jersey 3. 88–0852451 (Fel number, if applicable) 1. Date first transacted business in Florida, if prior to registration.) (See sections 605 0904 & 605 0905, F.S. to determine penalty liability) 3. Farmhouse Lane 5. Farmhouse Lane 6. Mailing Address) Mendham, NJ 07845 Mendham, NJ 07845 Robert S. Forman, P. A. Name: 8201 Peters Road, Suite 1000 Office Address: Fort Lauderdale Florida 3. 33324 Florida 1. Florida 3. 88–0852451 (Fel number, if applicable) (Fel number, if applicable)	[Name of Foreign]	imited Liability Company; must include "Limited	Liability Company," "L.L.C.," or "LLC.")	
New Jersey (Durisdiction under the law of which foreign limited hability company is organized) (Date first transacted business in Florida, if prior to registration) (See sections 605 0904 & 605 0905, F.S. to determine penalty hability) 3 Farmhouse Lane 6. (Mailing Address) Mendham, NJ 07845 Mendham, NJ 07845 Mendham, NJ 07845 Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Robert S. Forman, P. A. Name: 8201 Peters Road, Suite 1000 Fort Lauderdale 3 33324				
New Jersey (Derivaliction under the law of which foreign limited hability company is organized) (Date first transacted business in Florida, if prior to registration) (See sections 603 0904 & 603 0904 & 603 0904), F.S. to determine penalty hability) 3 Farmhouse Lane 6. (Mathing Address) Mendham, NJ 07845 Mendham, NJ 07845 Mendham, NJ 07845 C. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Robert S. Forman, P. A. Name: 8201 Peters Road, Suite 1000 Fort Lauderdale 3 33324	f name unavailable, enter alternate n	ame adopted for the purpose of transacting business in FI	orida. The alternate name must include "Limited Liability Co	impany," "L.L.C," or "LLC
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Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Robert S. Forman, P. A. Name: 8201 Peters Road, Suite 1000 Fort Lauderdale 33324	ice mare is of this pire in the property		•	
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Name: 8201 Peters Road, Suite 1000 Office Address: Fort Lauderdale 33324	Name and street addres	s of Florida registered agent: (P.O. Box	NOT acceptable)	· ·
Name: 8201 Peters Road, Suite 1000 Office Address: Fort Lauderdale 33324				1
Office Address: 8201 Peters Road, Suite 1000 Fort Lauderdale 33324		Robert S. Forman, P. A.		S
Fort Lauderdale 33324	Name:			P.
Fort Lauderdale 33324		8201 Peters Road, Suite 1000		
Fort Lauderdale 33324	Office Address:			
1 Of Capacidate		Fort Lauderdale	33324	ی
(Cir.) (Zip code)		- Of Ladderdale	, Florida	

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.

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]:

Fitle or Capacity:	Name and Address:	Title or Capacity:		Name and Address:
■Manager	Name: Keith Jones	□Manager	Name:	
⊒Member	Address:	□Member	Address:	
□Authorized	Mendham, NJ 07845	□Authorized		
Person		Person		
□Other	Other	□Other		□Other
∐Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized		□Authorized		
Person		Person		
□ Other		□Other		□Other
□Manager	Name:	⊡Manager	Name:	2022 C :
☐ Member	Address:	□Member	Address:	7. Fr:
□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 (b) (b). Florida Statutes. I am aware that any false information submitted in a document to the Department of State countities a first degree felony as provided for in s.817.155, F.S.

Signature of an authorized person

Robert S. Forman, Esquire, Authorized Representative

Typed or printed name of signee

STATE OF NEW JERSEY DEPARTMENT OF THE TREASURY DIVISION OF REVENUE AND ENTERPRISE SERVICES SHORT FORM STANDING

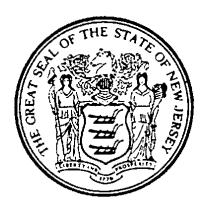
4 J EXCHANGE LLC 0450744017

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Limited Liability Company was registered by this office on December 22, 2021.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

KEITH JONES 3 FARMHOUSE LANE MENDHAM, NJ 07845



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 3rd day of October, 2022

Elizabeth Maher Muoio State Treasurer

duk on Mun

Certificate Number: 6136361441

Verify this certificate online at

https://www.l.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp

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