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Division of Corporations

Florida Department of State
Division of Apporations

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To:

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

From.

Account Name :: DIVERSIFIED CORPORATE SERVICES INT'L INC.

Account Number : 120090000024 Phone : (\$18)229-8228 Fax Number : (302)371-9850

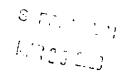
**Enter the entail address for this business entity to be used for fature annual report mailings. Enter only one entail address please, **

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Foreign Limited Liability Company 361 JI, LLC

Certificate of Status	0		
Certified Copy	1		
Page Count	03		
Estorated Charge	\$155.00		



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

	361 JI, LLC		
(Name of Foreign	Limited Liability Company, must include "Limited Li	ability Company, L.L.C., or LLC.	
a unevellable, outer alternate	seems adopted the the purpose of transacting business in Florid	- The attenue came mass include "Limited Linbility Co.	TLLC, or the
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	UPON FILING		
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Address of Paleston (1990s)		6. (Malling Address)	
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ERO BEACH, PL 3	2960		
			
	 		
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ome and <u>street address</u>	 	OT acceptable)	
	of Florida registered agent: (P.O. Box N	OT acceptable)	
	na of Florida registered agent: (P.O. Box N	OT acceptable)	
Name:	of Florida registered agent: (P.O. Box N	32960	
Name:	DAVID LYONS 1201 19TH PLACE, SUITE A-400	32960	
Name: Office Address:	DAVID LYONS 1201 19TH PLACE, SUITE A-400 VERO BEACH	32960	
Name: Office Address: tared agent's accep	DAVID LYONS 1201 19TH PLACE, SUITE A-400 VERO BEACH (City)	, Florids 32960 (Zip code)	company at the
Name: Office Address: tared agant's accept been massed as re-	DAVID LYONS 1201 19TH PLACE, SUITE A-400 VERO BEACH (City) tance: gharred agent and to accept service of processing. I havely accept the appointment ag re	32960 , Florids (25 code) Cess for the above stated findied limbility splittered agent and agree to act in this c	apado. I funta
Name: Office Address: tared agent's accept been massed as re- unted in this applice uply with the provis	DAVID LYONS 1201 19TH PLACE, SUITE A-400 VERO BEACH (City) taunce: Ightered agent and to accept service of procision, I havely accept the appointment as relative to the proper an	32960 , Florids (25 code) Cess for the above stated findied limbility splittered agent and agree to act in this c	apado. I funta
Nume: Office Address: stared agent's accept been nessed as re- mated in this applice uply with the provin	DAVID LYONS 1201 19TH PLACE, SUITE A-400 VERO BEACH (City) tance: gharred agent and to accept service of processing. I havely accept the appointment ag re	32960 , Florids (25 code) Cess for the above stated findied limbility splittered agent and agree to act in this c	apado. I funta

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3. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons suthorized to manage (up to six (6) total).

ttle or Canacity;	Name and Address:	Title or Capacit	ar.	Name and Address
Manager	Name: DAVID LYONS	☐ Manager	Name:	
Member	Address: 1201 19TH PLACE	☐ Member	Address:	
Authorized	SUITE A-400	☐ Authorized		
Person	VERO BEACH, FL 32960	Person		
Other	DOther	Other	· · · · · · · · · · · · · · · · · · ·	Other
Manager	Name:	[□] Manager	Name:	1-27
Member	Address:	(I) Member	Address:	
ushorized		□ Authorized	****	ì
Person		Person		-1
Other	Other	□Other		☐ Other
vian ag er	Name:	☐ Manager	Name:	
Acmber	Address:	☐ Member	Address: _	
<u>luthorized</u>		☐ Authorized		
Person		Person		
Other		□Other		☐ Other

- 9. Amended 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 cath 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 follows as provided for in a.817.155, F.S.

S/ DAYID LYONS
Signature of an authorized person
DAVID LYONS
Typed or printed stant of signer

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Page 1

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

DELAWARE, DO HEREBY CERTIFY "361 JI, 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-EIGHTH DAY OF MARCH, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "361 JI, LLC" WAS FORMED ON THE TWENTY-SEVENTH DAY OF MARCH, A.D. 2023.

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

No.

7373141 8300

SR# 20231178220

You may verify this certificate online at corp.delaware.gov/authver.shtml

John's W Burlet's Berrylary of Blanc

Authentication: 203020099

Date: 03-28-23

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