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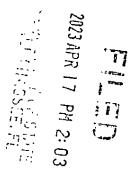
(Requestor's Name)
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☐ PICK-UP ☐ WAIT ☐ MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

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4/30/23

COVER LETTER

Registration Section

TO:

BJECT:	Name of Limited Liability Company						
	l "Application by Foreign Limited Liability	Company for Authorization to Transact Business in Florida." Certificat referenced foreign limited liability company to transact business in Flo					
ase return	all correspondence concerning this matter t	o the following:					
	Josh Mars						
		Name of Person					
	Jones Companies, LLC	. 2					
		Firm/Company 23					
	16 Office Park Drive, Suite 10	Firm/Company 23					
		Address					
	Hattiesburg, MS 39402	ity/State and Zin Code					
	C	ity/State and Zip Code					
	Josh.Mars@Jones.com	$_{ii}$. ω					
	E-mail address: (to be	used for future annual report notification)					
r further in	nformation concerning this matter, please ca	II:					
Josh Mars		601 633-6843 at ()					
	Name of Contact Person	at () Area Code Daytime Telephone Number					
Mailing Address: Registration Section		Street Address: Registration Section					
Division of Corporations P.O. Box 6327		Division of Corporations					
		The Centre of Tallahassee					
Tal	lahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303					
	losed is a check for the following amount:						

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:

name unavailable, enter alternate name adopt	ed for the purpose of transacting business in Florida, Th	e alterrate	name must incl	lude "Limited L	iability Comp	nny," "L.L	.C." or "LL
Mississippi	2		469715				
(Jurisdiction under the law of which foreign limited liability corepany is organized)		(FEI number, if applicable)					
N/A						207	
(Date (Sec	e first transacted bissions in Florida, if prior to registration sections 605,0904 & 605,0905, F.S. to determine penaltransactions.	on.) y liability	,		<u>-15</u>	2023 NPR	~ ;
16 Office Park Drive, Suite 5	6,	16 0	Tice Park I.	Drive, Suite	5	78 	
rect Address of Principal Office)		(Mailing Addres	is)		-77	1
Hattiesburg, MS 39402		Hattic	shurg, MS	39402	117	₽;; _;; _	
					TANK TANK	: 03	
Name and street address of Fla	orida registered agent: (P.O. Box NOT	accept	able)				
Traine that garest deamests							
Name: Capi	tol Corproate Services, Inc.		_				
Office Address: 515	East Park Ave., 2nd FL	<u> </u>	_				
Tall	ahassee		, Florida	32301			
	(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.

Mary Fink, Asst. Sec on behalf of Capitol Corporate Services, Inc.
(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]:

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
□Manager	Name: John Clark	□Manager	Name: Josh Mars
□Member	Address:	□Member	Address: 16 Office Park, Drive 10
□Authorized	Hattiesburg, MS 39402	■Authorized	Hattiesburg, MS 39402
Person		Person	Name of the Original Control of Control of the Original Control of Control of Control of Control of Co
■Other_CEO	Other	□Other	□Other
□Manager	Name:	□Manager	Name: 22
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	TO 191
□Other	Other	□Other	
			<i>ω</i> : ω
☐Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□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 (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.

Signature of an authorized person

Joshua A. Mars

Typed or printed name of signee



Office of the Secretary of State Jackson, Mississippi

Certificate of Good Standing

I. MICHAEL WATSON, Secretary of State of the State of Mississippi, and as such, the legal custodian of the records as required by The Mississippi Limited Liability Company Act to be filed in my office do hereby certify:

JONES POWER, LLC

Registered the 26th day of July, 2018

A Mississippi Limited Liability Company has filed the necessary documents in this office and has obtained a certificate of formation under the provisions of The Mississippi Limited Liability Company Act as shown by the records in this office.

That the registered office of said Limited Liability Company is located at:

248 E Capitol St., Ste 840 Jackson, MS 39201

And that the registered agent at that address is:

Capitol Corporate Services, Inc.

I further certify that said Limited Liability Company has paid the fees for filing the above papers required by law as shown by the records of this office, and that said Limited Liability Company is in good standing to do business in Mississippi at this time.

Given under my hand and seal of office the 23rd day of February, 2023

Michael Watson

Certificate Number: CN23159041

Varify this contificate online at http://eorn.com/pour/contificate/factors