(1	Requestor's Name)
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(0	City/State/Zip/Phor	ne #)
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(1)	Business Entity Na	me)
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Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312 (850) 656-4724

NTITY NAME JG Inv	resument 0, LLO	
OCUMENT NUMBER	₹	
	PLEASE FILE TH	E ATTACHED AND RETURN
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	PLEASE OBTAIN THE PO	DLLOWING FOR THE ABOVE ENTITY
	Certified Copy of Arts C	& Amendments
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	APOSTILLE' / N	NOTARIAL CERTIFICATION
POUNTRY OF DESTINA	ATION	
NUMBER OF CERTIFICA	ATES REQUESTED	
		ACCOUNT # 120140000108 United Corporate Services, Inc. Thank you so much!

COVER LETTER

JG INVESTMENT 3, LLC	
BJECT:	e of Limited Liability Company
e enclosed "Application by Foreign Limited Liability istence, and check are submitted to register the above	Company for Authorization to Transact Business in Florida," Certifica referenced foreign limited liability company to transact business in Florida.
ase return all correspondence concerning this matter t	to the following:
Amy Allen	
	Name of Person
United Corporate Services, Inc.	
	Firm/Company
80 State Street, Suite 1101	
	Address
Albany, NY 12207	
	City/State and Zip Code
david.kravitz@katten.com	
E-mail address: (to be	e used for future annual report notification)
r further information concerning this matter, please ca	III:
	at ()
Name of Contact Person	at ()Area Code Daytime Telephone Number
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the following amount:	
Please make check payable to: FLORIDA DEF \$\Boxed{\Boxesia} \ \$125.00 \ \text{Filing Fee} \qquad \Boxed{\Boxesia} \ \$130.00 \ \text{Filing Fee} \qquad Certificate of Certificate o	ee & 👿 \$155.00 Filing Fee & 🗌 \$160.00 Filing Fee, Certificate

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 r	name adopted for the purpose of transacting business in	Florida. The alternat	e name must include "Limi	ted Liability	Company," "L.I	L.C," or "LLC.	.")
Delaware		3					
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	J	(F)	I number, if	applicable)		
	(Date first transacted business in Florida, if prior (See sections 605 0904 & 605,0905, F.S. to dete	to registration.)			_	_	
5201 SW 8th Street			1 SW 8th Street	ا نور نور	T.SE	2023	
(Street Address of	Principal Office)	6	(Maili	ng Address)		芸力	į
Coral Gables, FL 3313	34	Cor	ral Gables, FL 331	34	•	1	- . '
							٠,
						1.6 	_
						1	-
Name and street address	ss of Florida registered agent: (P.O. B	ox <u>NOT</u> acce	ptable)		60		• •
Name and street address		ox <u>NOT</u> acce	ptable)		69	7	3
Name and street address Name:	ss of Florida registered agent: (P.O. B United Corporate Services, Inc.	ox <u>NOT</u> acce	ptable)		60		4
		ox <u>NOT</u> acce	ptable)	_	60		3.
	United Corporate Services, Inc.	ox <u>NOT</u> acce	ptable)	_	60		3.
Name:	United Corporate Services, Inc.	ox <u>NOT</u> acce	ptable) 3231	-	60		1

(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: Title or Capacity: Name and Address: Title or Capacity: Name: __Geoffrey Karas Name: Justin Landau Manager Manager Address: 5201 SW 8th Street Address: ___ 5201 SW 8th Street ■ Member ■ Member Coral Gables, FL 33134 Coral Gables, FL 33134 Authorized Authorized Person Person Other____ Other_ Other Other__ ■ Manager Name: _____ Manager Name: ______ Member Address: ________ Member Address: ______ ☐ Authorized ☐ Authorized Person Person Other_____ Other ____ Other_____ Other Name: _____ Manager Manager Name: _______ Address: _____ Address: ______ ☐ Member 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 conditiutes a tyrd degree felony as provided for in s.817.155, F.S. e of an authorized person

Justin

n Landau
Typed or printed name of signee



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

DELAWARE, DO HEREBY CERTIFY "JG INVESTMENT 3, 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 APRIL, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "JG INVESTMENT 3, LLC" WAS FORMED ON THE TWENTY-EIGHTH DAY OF APRIL, A.D. 2023.

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

Authentication: 203240730

Date: 04-28-23