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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The Jacob Companies DBA: Ryan & Jacobs
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Elizabeth Rios
Name of Person

The Jacob companies DBA: Ryan & Jacobs
Firm/Company

Address

City/State and Zip Code

Liz@Ryanandjacob.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Elizabeth Rios at (972) 472-7857
Name of Contact Person Area Code Daytime Telephone Number

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy
- \$160.00 Filing Fee, Certificate of Status & Certified Copy

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. The Jacob Companies LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

Ryan & Jacobs 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. Texas
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 85-0879228
(FBI 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. 5465 Legacy Dr.
(Street Address of Principal Office)

6. 5465 Legacy Dr.
(Mailing Address)

Suite 650

Suite 650

Plano, TX 75024

Plano, TX 75024

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

Name: ZenBusiness Inc.

Office Address: 336 E. College Ave #301

Tallahassee, 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.

Khadijeh Hemmati
(Registered agent's signature) Khadijeh Hemmati, Secretary for ZenBusiness Inc.

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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>HAI Wallace</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Elizabeth Rios</u>
<input checked="" type="checkbox"/> Member	Address: <u>929 Alton Rd.</u>	<input checked="" type="checkbox"/> Member	Address: <u>929 Alton Rd.</u>
<input checked="" type="checkbox"/> Authorized Person	<u>Suite 500</u> <u>Miami Beach, FL 33139</u>	<input checked="" type="checkbox"/> Authorized Person	<u>Suite 500</u> <u>Miami Beach, FL 33139</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____


<input type="checkbox"/> Manager	Name: <u>William Tapper</u>	<input type="checkbox"/> Manager	Name: <u>Jesse Rios</u>
<input checked="" type="checkbox"/> Member	Address: <u>929 Alton Rd.</u>	<input checked="" type="checkbox"/> Member	Address: <u>929 Alton Rd.</u>
<input type="checkbox"/> Authorized Person	<u>Suite 500</u> <u>Miami Beach, FL 33139</u>	<input type="checkbox"/> Authorized Person	<u>Suite 500</u> <u>Miami Beach, FL 33139</u>
<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 Person	_____	<input type="checkbox"/> Authorized 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.



Signature of an authorized person

Corporations Section
P.O. Box 13697
Austin, Texas 78711-3697



Jane Nelson
Secretary of State

Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for The Jacob Companies LLC (file number 803603241), a Domestic Limited Liability Company (LLC), was filed in this office on April 27, 2020.

It is further certified that the entity status in Texas is in existence

It is further certified that our records indicate LIZ RIOS as the designated registered agent for the above named entity and the designated registered office for said entity is as follows:

7700 WINDROSE AVE STE G300

PLANO, TX - 75024 75024 USA

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on May 08, 2023.



A handwritten signature in black ink that reads "Jane Nelson".

Jane Nelson
Secretary of State