

M24000003488

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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(Business Entity Name)

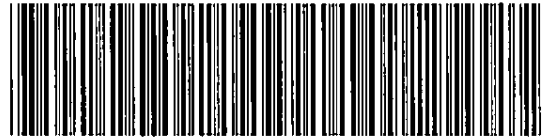
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COVER LETTER

**TO: Registration Section
Division of Corporations**

JONTOW LLC

SUBJECT: _____
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:

Name of Person

SPANNER CONSULTING LLC

Firm/Company

1076 W SAMPLE ROAD

Address

POMPANO BEACH, FLORIDA - 33064

City/State and Zip Code

FLORIDA@FSPANNER.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

FERNANDA

754

4576647

Name of Contact Person

at ()

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

JONTOW SUNSHINE STATE HOLDING 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. NEW JERSEY 3. 88-2794870
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 01/01/2024
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. <u>1076 W SAMPLE ROAD</u> (Street Address of Principal Office)	6. <u>1076 W SAMPLE ROAD</u> (Mailing Address)
<u>POMPANO BEACH, FLORIDA</u>	<u>POMPANO BEACH, FLORIDA</u>
<u>33064</u>	<u>33064</u>

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

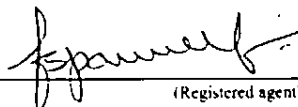
Name: SPANNER CONSULTING LLC

Office Address: 1076 W SAMPLE ROAD

POMPANO BEACH, FL , Florida 33064
(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.


(Registered agent's signature)

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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]:

Title or Capacity: **Name and Address:**
☒ Manager Name: GRAZIELLE C. REEDER
☐ Member Address: 1516 SW 28TH TER
☐ Authorized CAPE CORAL, FLORIDA, 33914
Person _____
☐ Other _____ ☐ Other _____

☒ Manager Name: JONTOW BUILDING LLC
☐ Member Address: 1076 W SAMPLE ROAD
☐ Authorized POMPANO BEACH, FL - 33064
Person _____
☐ Other _____ ☐ Other _____

☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
Person _____
☐ Other _____ ☐ Other _____

Title or Capacity: **Name and Address:**
☒ Manager Name: SAMUEL JONTOW BARROSO
☐ Member Address: 1516 SW 28TH TER
☐ Authorized CAPE CORAL, FLORIDA, 33914
Person _____
☐ Other _____ ☐ Other _____

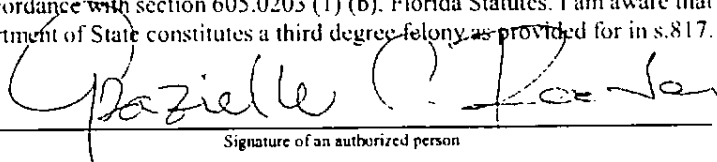
☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
Person _____
☐ Other _____ ☐ Other _____

☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
Person _____
☐ 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

GRAZIELLE CRISTINA REEDER

Typed or printed name of signer

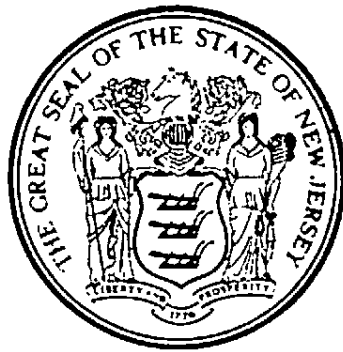
**STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES
SHORT FORM STANDING**

JONTOW L.L.C.
0450829214

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 June 22, 2022.

I further certify that the last registered agent and registered office of record were:

GRAZIELLE CRISTINA REEDER
409 WARREN ST
2FL
HARRISON, NJ 07029



*IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed
my Official Seal at Trenton, this
12th day of February, 2024*

Elizabeth Maher Muoio
State Treasurer

Certificate Number : 6150751308

Verify this certificate online at

https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp