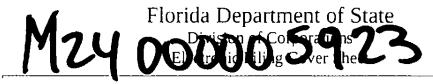
Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

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**Enter the email address for this business entity to be used for future

Certificate of Status	0
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5/8/2024 12:28:35 PDT * To: 18506176383 Page: 2/4 Fax: 8134365206

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:

(If name unavailable, enter alternate)	name adopted for the purpose of transacting business in Flo	orida. The	alternate name must include "Limited L	nability Company," "LL C," o	r"Ll.C.")
CA		3.	92-3905133		
Chinsdiction under the law of w	litch foreign limited liability company is organized)	٥.	(FEI num	ber, il applicable)	
i					
-	(Date first transacted business in Florida, if prior to r (See sections 605 (904 & 605 (90)), F. S. to determin	egistratio ne penalty	n,) hability]		
7901 4th St N STE 300			7901 4th St N STE 3	300	
5. (Street Address of Principal Office)		0.	(Mailing Address)		_
St. Petersburg, F	L 33702		St. Petersburg, FL 33	3702	_
				٠,	
				ATT THE	
7. Name and street addres	ss of Florida registered agent: (P.O. Box	NOT	acceptable)	AY	Action to
Name:	Northwest Registered Agent L	LC		8 PH	Salari Salari Salari
Office Address:	7901 4TH ST N STE 300			1: 59 FL	J
	ST. PETERSBURG		33702 , Florida		
	(Cuy)		(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.

(Regulared agent) 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: Terry, Christopher	□Manager	Name: Terry, Thomas
□Member	Address:	≅ Member	Address:
□Authorized	7901 4th St N STE 300	□Authorized	7901 4th St N STE 300
Person	St. Petersburg, FL 33702	Person	St. Petersburg, FL 33702
□Other	Other	Other	Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		[]Authorized	
Person		Person	
□Other	Other	Other	Other
∐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

Nat Smith

Typed or printed name of signed

5/8/2024 12:28:35 PDT To: 18506176383 Page: 4/4 Fax: 8134365206



Secretary of State Certificate of Status

I, SHIRLEY N. WEBER, Ph.D., California Secretary of State, hereby certify:

Entity Name:

Jojames Enterprises' LLC

Entity No.:

202357013544

Registration Date:

05/05/2023

Entity Type:

Limited Liability Company - CA

Formed In:

CALIFORNIA

Status:

Active

The above referenced entity is active on the Secretary of State's records and is authorized to exercise all its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the date of this certificate and does not reflect documents that are pending review or other events that may impact status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of May 08, 2024.

SHIRLEY N. WEBER, PH.D.

Secretary of State

Certificate No.: 208369435

To verify the issuance of this Certificate, use the Certificate No. above with the Secretary of State Certification Verification Search available at **biz**fileOnline.sos.ca.gov.