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PICK-UP	WAIT	MAIL
(Bu	usiness Entity Name)	
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Certified Copies	Certificates (	of Status
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Special Instructions to Fili	ing Officer:	
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Office Use Only



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#### **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: Jarees Moore & Associ	Limited Liability Company	
The enclosed "Application by Foreign Limited Liability Cor Existence, and check are submitted to register the above refe	npany for Authorization to Transact Business in Florida. renced foreign limited liability company to transact business.	" Certificate o ness in Florida
Please return all correspondence concerning this matter to the	e following:	
Jarees Moore		
ì	Name of Person	
Jarees Moore & Asse	sciates	
	Firm/Company	
2217 NW 9151 SI. H	1215	2024 HAY 3
	Address	
Miami FL 33147	State and Zip Code	75.27 75.27 75.27 75.27
City/	State and Zip Code	岩岩
Jarecs. moore @ Jmassoci E-mail address: (to be us	ates. Cloud	PH 12: 42 OF STATE
	ed for fature annual report nonnearion,	
For further information concerning this matter, please call:		
Jaries Moore	at ( 404 ) 483 - 6751 Area Code Daytime Telephone Number	-
Name of Contact Person	Area Code Daytime Telephone Number	
Mailing Address:	Street Address:	
Registration Section Registration Section		
Division of Corporations P.O. Box 6327	Division of Corporations  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 DEPAF  \$\Boxed{\to}\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$	□ \$155.00 Filing Fee & □ \$160.00 Filing Fee,	

# APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

1. Jares Ma	Limited Liability Company; must include	LLC  Climited Liability Company," "L.L.C.," or "LLC.")	<u> </u>
(If name unavailable, enter alternate	name adopted for the purpose of transacting busin	sess in Florida. The alternate name must include "Limited Lual	
2. Corol 9 (Jurisdiction under the law of s	which foreign limited liability company is organize	3. <u>93-1-24734</u> (FEI number	/ 2 r. (l'applicable)
4	(Date first transacted business in Florida, if (See sections 605.0904 & 605.0905, F.S. to	prior to registration.) s determine penalty liability)	
5. 2212 NW 91 (Street Address of Principal Office)	si SI. #1215	6. 2212 NW 9134 3	St. # 1215
Migmi, FL 3	3147	Migmi, FL 331	
7 Name and street addre	ess of Florida registered agent: (P.C	D. Box NOT acceptable)	HAY 31 PA
	Tarces Moore		PHI2: 42
Name: Office Address:	2212 NW 91st SI		
	M. ami	. Florida <u>3314</u> -	7
designated in this applica	egistered agent and to accept servi- ation, I hereby accept the appointn	ice of process for the above stated limited lineral limited lineral li	n this capacity. I further agree

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: Name: Jarces Moore Manager □Manager Name: \_\_\_\_\_ Address: 2212 NW 91s1 Address: □Member ☐ Member St. 出 1215 □ Authorized ☐ Authorized Miami FL 33147 Person Person □Other\_\_\_\_ □Other □Other □Other □Manager Name: \_\_\_\_\_ □Manager Address: \_ □Member Address: \_\_\_\_\_ ☐ Member ☐ Authorized □ Authorized Person Person Other\_ □Other\_\_\_\_ Other □Other Name: □Manager □Manager Address: \_\_\_\_ □Member □Member Address: \_\_\_\_\_ ☐ Authorized ☐ Authorized Person Person □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.

Janees	More Signature of an authorized person
Jarees	Moore Expedient printed name of surges

•

Control Number: 23124475

## STATE OF GEORGIA

### **Secretary of State**

Corporations Division 313 West Tower 2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

#### CERTIFICATE OF EXISTENCE

I, Brad Raffensperger, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

Jarees Moore & Associates LLC a Domestic Limited Liability Company

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number : 27335103 Date Inc/Auth/Filed: 06/01/2023 Jurisdiction : Georgia Print Date : 05/29/2024

Form Number : 211



Brad Raffensperger

Brad Raffensperger Secretary of State