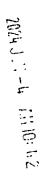
## M24000007059

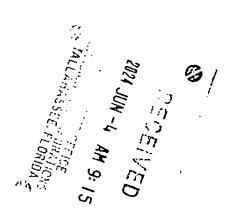
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(2)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



800429633088





JUN 0 5 2024 K. Brumbley

#### Incorporating Services, Ltd.

incserv

1540 Glenway Drive Tallahassee, FL 32301

850.656.7956 Fax: 850.656.7953 www.incserv.com

e-mail: accounting@incserv.com

#### **ORDER FORM**

FROM

TO Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com
850-245-6051

Melissa Moreau mmoreau@incserv.com 850.656.7953

REQUEST DATE 6/3/2024

**PRIORITY** Regular Approval

OUR REF # (Order ID#) 1259878

ORDER ENTITY \_\_\_\_\_
JOR DEVELOPMENT PARTNERS LLC

• • • • • • • • • • • • • • • • •	
PLEASE PERFORM THE FOLLOWING SER	VICES:
JDR DEVELOPMENT PARTNERS LLC (	FL)

File the attached foreign qualification document and provide a certified copy.

NOTES: \$155.00 Authorized

#### RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: 120050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

Monday, June 3, 2024 Page 1 of 1

#### COVERLETTER

TO:	Registration Section Division of Corporations	
SUBJE	JDR Development Partners LLC	•
.,(71).,(-		ne of Limited Liability Company
The end Existen	closed "Application by Foreign Limited Liability ce, and check are submitted to register the above	Company for Authorization to Transact Business in Florida," Certificate of referenced foreign limited liability company to transact business in Florida
Please	return all correspondence concerning this matter t	to the following:
	Brian J. DeBoer, Esq.	
		Name of Person
	Singleton LLC	
		Firm/Company
	14 Walsh Drive, Suite	202
		Address
	Parsippany, New Jerso	ey 07054
	(	Lity/State and Zip Code
	bdehoer@singletonlk	c.com
	E-mail address: (to b	e used for future annual report notification)
For fur	ther information concerning this matter, please ca	all:
	Brian J. DeBoer, Esq.	973 270-9496 at ()
	Name of Contact Person	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
		1 anana5500, FL 52505
	Enclosed is a check for the following amount: Please make check payable to: FLORIDA DE	PARTMENT OF STATE
	□ \$125.00 Filing Fee □ \$130.00 Filing Fe Certificate	B

### 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 of Foreign	Limited Enability Company, must include "Limited	Liability Company," "L.L.C.," or "LI.C.")			
f name unavailable, enter alternate	name adopted for the purpose of transacting business in Flo	orida. The alternate name must include "Limited Liability (	Company," "L.L.C," or "LLC."		
Delaware		2			
(Jurisdiction under the law of which foreign limited liability company is organized		(FEI number, if ap	(FEI number, if applicable)		
March 28, 2024					
· · · · · · · · · · · · · · · · · · ·	(Date first transacted business in Florida, if prior to a (See sections 605 0901 & 605,0905, F.S. to determine	registration.) ne penalty hability)			
100 SE 3rd Avenue, F		100 SE 3rd Avenue, FL 1000			
reet Address of Principal Office)		6. (Mailing Address)	<del></del>		
Fort Lauderdale, Flori	da 33394	Fort Lauderdale, Florida 33394			
	da 33394  ss of Florida registered agent: (P.O. Box		2624 J		
		NOT acceptable)	2624 July - 4		
Name and street addre	ss of Florida registered agent: (P.O. Box Incorporating Services, Ltd.	NOT acceptable)	<del>!</del> :		
Name and street addre	ss of Florida registered agent: (P.O. Box Incorporating Services, Ltd.	NOT acceptable)	2624 JUN - 14 - Kil 10: 1/2		

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.



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:	Josko Lucin	■Manager	Name:	Richard Flamio
□Member	Address:	37-19 56th Street	□Member	Address: _	100 SE 3rd Ave, FL 1000
□Authorized		Woodside, NY 11377	□Authorized		Fort Lauderdale, FL 33394
Person			Person		
□Other	<del></del>	□Other	□Other		[]Other
■Manager	Name:	David Brown	□Manager	Name:	
□Member	Address:	100 SE 3rd Ave, FL 1000	□Member	Address: _	
□Authorized		Fort Lauderdale, FL 33394	□Authorized		
Person		****	Person		
□Other	<u>.</u>	□Other	Other		□Other
□Manager	Name:	···	□Manager	Name:	
□Member	Address:		□Member	Address: _	
□Authorized			□Authorized		
Person			Person		
□Other		Other	□Other	<u>.</u>	□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

Samuel T. Eglow, Esq.

Typed or printed name of signee

Page 1

# Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "JDR DEVELOPMENT PARTNERS 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 THIRD DAY OF JUNE, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "JDR DEVELOPMENT PARTNERS LLC" WAS FORMED ON THE TWENTY-SECOND DAY OF JANUARY, A.D. 2024.

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



Authentication: 203614928

Date: 06-03-24

2965912 8300 SR# 20242749400