Florida Department of State

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To:

Division of Corporations

Fax Number : (850)617-6383

Account Name : REGISTERED AGENTS INC.

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

Efiter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address:__

Foreign Limited Liability Company

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

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

IN COMPLIANCE WITH SECTION 6050902, FLORIDA STATUTES THE FOLLOWING INSUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANYTOTRANSACT BUSINESS IN THE STATE OF FLORIDA.

J&L Alliance, I				
(Name of Foreign	Timited Liability Company, must include "Limited	Liability Company," L. L. C.," or "LLC	")	
It name unavailable, enter alternate	name adopted for the purpose of transacting business in Flo	orida. The alternate name must melade "Limite	ed Enthrity Company 1 L.E. C. For "EE.	
Nevada	chich foreign hinuzel habitus company is organized)	3 99-3549528		
romanicora dicer ac ma in v	ance wisten maner manage standam as orthograph	12 f.1 f2	tumper, if applicable)	
	(Date first transacted business in Florida, () prior to r (See sections 60) 1904 & 705 (1905), FS to determin	egistration) ne penalty fiability)		
7901 4th St	t N STE 300	_{6.} 7901 4th St N S	01 4th St N STE 300	
creet Address of Principal Office)		Vialing Address)		
St. Petersb	urg FL 33702	St. Petersburg F	L 33702	
				
. Name and <u>street addre</u> :	ss of Florida registered agent (P.O. Box	NOT acceptable)	0 33	
Name.	Registered Agents Inc		292h Jill 2	
Office Address.	7901 4th St N STE 300		25 P	
	St. Petersburg	Florida 33702		
	(City)	(Zip code	, ©	

Registered agent's acceptance:

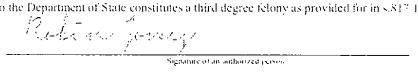
Having been named as registered agent and to accept service of process for the above stated limited fiability company at the place designated in this application. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all 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: Lawrence, Robert	□Manager	Name: Johnson, Charlie
XiMember	Address:	XMember	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
⊡Othet	Other	□Other	Other
∐Manager	Nume.	∐.Manager	Name:
□Membei	Address.	□Member	Address:
C Authorized		□ Authorized	
Person		Person	
□Other		□Other	ZlOther
L.Manager	Name:	L:Manager	Name:
⊟Member	Address:	□Member	Address:
E/Authorized		E.Authorized	
Person		Person	
□Othet		[].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 \$.817,155, F.S.



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CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I. FRANCISCO V. AGUILAR, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to lilings by corporations, non-profit corporations, corporations sole, limited-hability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence J&L ALLIANCE, LLC as a DOMESTIC LIMITED-LIABILITY COMPANY (86) duly organized or formed and existing, or duly qualified or registered, as applicable, under and by virtue of the laws of the State of Nevada since 06/13/2024, and in good standing in this State.

Certificate Number: B202407244825568

You may verify this certificate

online at https://www.nvsilverthane.gov/home

IN WITNESS WHEREOF, I have heretinto set my hand and affixed the Great Seal of this State, at my office on 07:24/2024.

-Vffqular

FRANCISCO V. AGUILAR Secretary of State