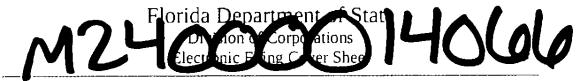
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Division of Corporations



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 : I2009000081 Phone : (307)200-2803 Fax Number : (813)436-5206

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

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Foreign Limited Liability Company JF Financials LLC

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

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11/4/2024 09:00:01 PST , To: 18506176383 Page: 2/4 Fax: 8134365206

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

IN COMPLIANCE WITH SECTION (05.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

JE Financials LLC	Limited Liability Company; must include "Limited	Cability	Company," "L.L.C.," or "LLC.")		
Elite Advisors LLC		•			
(If name unavailable, enter alternate)	name adopted for the purpose of transacting business in FIG	orida. The	alternate name must include "Emmed Li	ability Company," "L.L.C," o	r"LLC.")
2.		3.	93-2203263		
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	٦,	(FEI numb	er, il applicable)	_
4 .					
	(Date first transacted business in Florida, if prior to r (See sections 605 0904 & 605 0905, F.S. to determin	egistration to penalty	.) hability)		
7901 4th St N STE 300		6.	7901 4th St N STE 300		
S. (Street Address of Principal Office)		υ.	(Mailing Address)		_
St. Petersburg, FL 33702		St. Petersburg, FL 33702			
		•			_
					_
7. Name and street address	ss of Florida registered agent: (P.O. Box	<u>NOT</u> a	cceptable)	292	
Name:	Registered Agents Inc			2924 NOV -	AFF AFF
Office Address:	7901 4TH ST N STE 300			FRID:	
	ST. PETERSBURG		33702 . Florida	1.034 1.715 1.716	
	(Csy)		(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)

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 Capaci <u>ty:</u>	Name and Address:	Title or Capacity:	Name and Address:
□Manager	Name: Scott, Janna	□Manager	Name: Cissney, Aria
Member	Address:	Member	Address:
□Authorized Person	St. Petersburg, FL 33702	□ Authorized Person	St. Petersburg, FL 33702
□Other	□Other	□Other	Other
□Manager	Name;	□Manager	Name:
□Member	Address:	□Member	Address:
TAuthorized		□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 (b). 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.

Robin	Jones
	Agrature of an authorized ferson
Robin Jones	
	Expedior printed name of signee

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Ta: 18506176383

Fax: 8134365206

STATE OF WYOMING Office of the Secretary of State

I, CHUCK GRAY, Secretary of State of the State of Wyoming, do hereby certify that according to the records of this office,

JF Financials LLC

is a **Limited Liability Company**

formed or qualified under the laws of Wyoming did on **July 10, 2023** with a delayed effective date of July 11, 2023, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2023-001296469**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 1st day of November, 2024 at 4:12 PM. This certificate is assigned ID Number 077782534.

Secretary of State

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website https://wyobiz.wyo.gov and following the instructions displayed under Validate Certificate.