M2500001026

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088
If there are any issues please contact Cheyanne at 850-202-1882

Date:01/21/2025	
Name: Ovidshel Occean Jr.	
Reference #:	
Entity Name: JUPITER RESOURCES LLC	
✓ Articles of Incorporation/Authorization to Transact Business	
☐ Amendment	
☐ Change of Agent	
Reinstatement	
☐ Conversion	
☐ Merger	
☐ Dissolution/Withdrawal	
☐ Fictitious Name	
Other	
Authorized Amount:\$125.00	
Signature:	

F: 800.944.6607

F: +852.2682.9790

Registration Section Division of Corporations

TO:

COVER LETTER

SUBJECT:		JUPITER	RESOURCES I	LLC		
		Name	of Limited Liability (Company		•
The enclosed "Ap Existence, and che	plication by Forei	gn Limited Liability Co to register the above rel	empany for Authoriza ferenced foreign limi	ation to Transac ted liability con	t Business in Florida, npany to transact busi	" Certificate of ness in Florida.
Please return all c	orrespondence co	ncerning this matter to t	he following:			
		Doug Stran	sky			
	 .	-	Name of Person			-
		Sullivan &	Worcester LLP			" Certificate of ness in Florida.
			Firm/Company			-
		One Post C	Office Square 13th Fl	Square 13th Floor Address 02109		
		· · · · · · · · · · · · · · · · · · ·	Address			-
	Boston, MA 02109					
		City	//State and Zip Code			-
_		E-mail address: (to be u	and for future engue	l ronad natition	tion)	-
For further inform		this matter, please call:	iscu for ruture annua	тероп поппса	aon)	
roi lutther mioni	iation concerning	mis matter, please can.				
			at (_)		_
	Name of	Contact Person	Area Code	Daytime	Telephone Number	
Division Registrat P.O. Box	of Corporations ion Section 6327 see, FL 32314			STREET AD Division of Co Registration S Clifton Buildi 2661 Executiv Tallahassee, F	orporations section ng ve Center Circle	
		following amount:	RTMENT OF STA	TE		
	i.00 Filing Fee	\$130.00 Filing Fe Certificate of	e & 🔲 \$155.00	Filing Fee & ied Copy	\$160.00 Filing of Status & Cer	

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 HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

name mavailable, enter alternate name a	adopted for the purpose of transacting business in Flo	onda The alternate	name must include	"Limited Liability Company," "L	. L. C." or "LL	
	elaware	3.	:	33-1391462		
(Jurisdiction under the law of which f	oreign limited hability company is organized)	J		(FEI number, if applicable)		
	1/1/2025					
-	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determ	registration) time penalty hability	.)			
Rory McIlro	y Gen Ptr	6.		Rory McIlroy Gen Ptr		
(Street Address of Princi	pal Office)		- (Mailing Address)		
130 Bears	Club Dr		130	Bears Club Dr		
Jupiter, Fl	L 33477		Jup	oiter, FL 33477		
Name and street address of	f Florida registered agent: (P.O. Box	x <u>NOT</u> accep	table)		25 JAN 21 PH 12: 2	
Name:	Cogency Global Inc. 115 North Calhoun St. Suite 4		_		뫈	
Office Address:					12:27	
	Tallahassee		, Florida	32301		
	(City)		—····	(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.

Faccount Throne, Assistant Secretary

(Registered agent's signature)

Fitle or Capacity:		Name and Address:	Title or Capacity:	
Manager	Name:		⊠ Manager	Name: Erica McIlroy
≚ Member	Address: _	Rory McIlroy Gen Ptr	Member	Address: Rory McIlroy Gen P
Authorized		130 Bears Club Dr	Authorized	130 Bears Club Dr
Person		Jupiter, FL 33477	Person	Jupiter, FL 33477
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
ndexed individuals O. Attached is a cert urisdiction under th of the translator mu 10. This document i	may be add ificate of ex- ne law of wh st be submit s executed i ment to the l	led to the index when filing y distance, no more than 90 day nich it is organized. (If the cented) in accordance with section 60	our Florida Department of State rs old, duly authenticated by the rtificate is in a foreign language	official having custody of records in a translation of the certificate under I am aware that any false information
	,	• •		

Typed or printed name of signee



I, KRISTOPHER E. KNIGHT, ACTING SECRETARY OF STATE OF THE STATE
OF DELAWARE, DO HEREBY CERTIFY "JUPITER RESOURCES 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 TWENTY-FIRST DAY OF JANUARY, A.D. 2025.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "JUPITER RESOURCES LLC" WAS FORMED ON THE FIRST DAY OF OCTOBER, A.D. 2024.

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

Kristophor E. Knight, Acting Secretary of State
Authentication: 202732272

Date: 01-21-25