State of Rhode Island Office of the Secretary of State Division Of Business Services 148 W. River Street									
					Providence RI 02904-2615				
					7636	(401) 222	(401) 222-3040		
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Certificate Request F	Form								
Request Information									
		CERTIFICATE TYPE							
ID 001712197	ENTITY NAME	I							
001712197	Jax Professional Services LLC	Certificate of Good Standing							
Filer's Contact Information									
(Enter a contact name, mailing address and email.)									
Contact Name: <u>Fundation Operations</u>									
Business Name: <u>Fundation Operations</u> No. and Street: <u>11501 Sunset Hills Rd, STE 400</u>									
City or Town: <u>Reston</u> Contact Phone: ext:	Sta	te: <u>VA</u>	Zip: <u>20190</u>	Country: <u>USA</u>					
Contact Email: Bera@fundation.com									
Contact Email. <u>Bera@1</u>	lundation.com								
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