

**QUALITY MANAGEMENT COMPLIANCE  
DOCUMENTATION PACKAGE  
CERTIFICATIONS AND CLAIMS**



**JAG ALLIANCE, LLC  
MANUFACTURING AND DISTRIBUTION**

# *State of Florida*

## *Department of State*


I certify from the records of this office that JAG ALLIANCE, LLC is a limited liability company organized under the laws of the State of Florida, filed on August 3, 2018.

The document number of this limited liability company is L18000186520.

I further certify that said limited liability company has paid all fees due this office through December 31, 2023, that its most recent annual report was filed on April 26, 2023, and that its status is active.

*Given under my hand and the  
Great Seal of the State of Florida  
at Tallahassee, the Capital, this  
the Twenty-sixth day of April,  
2023*



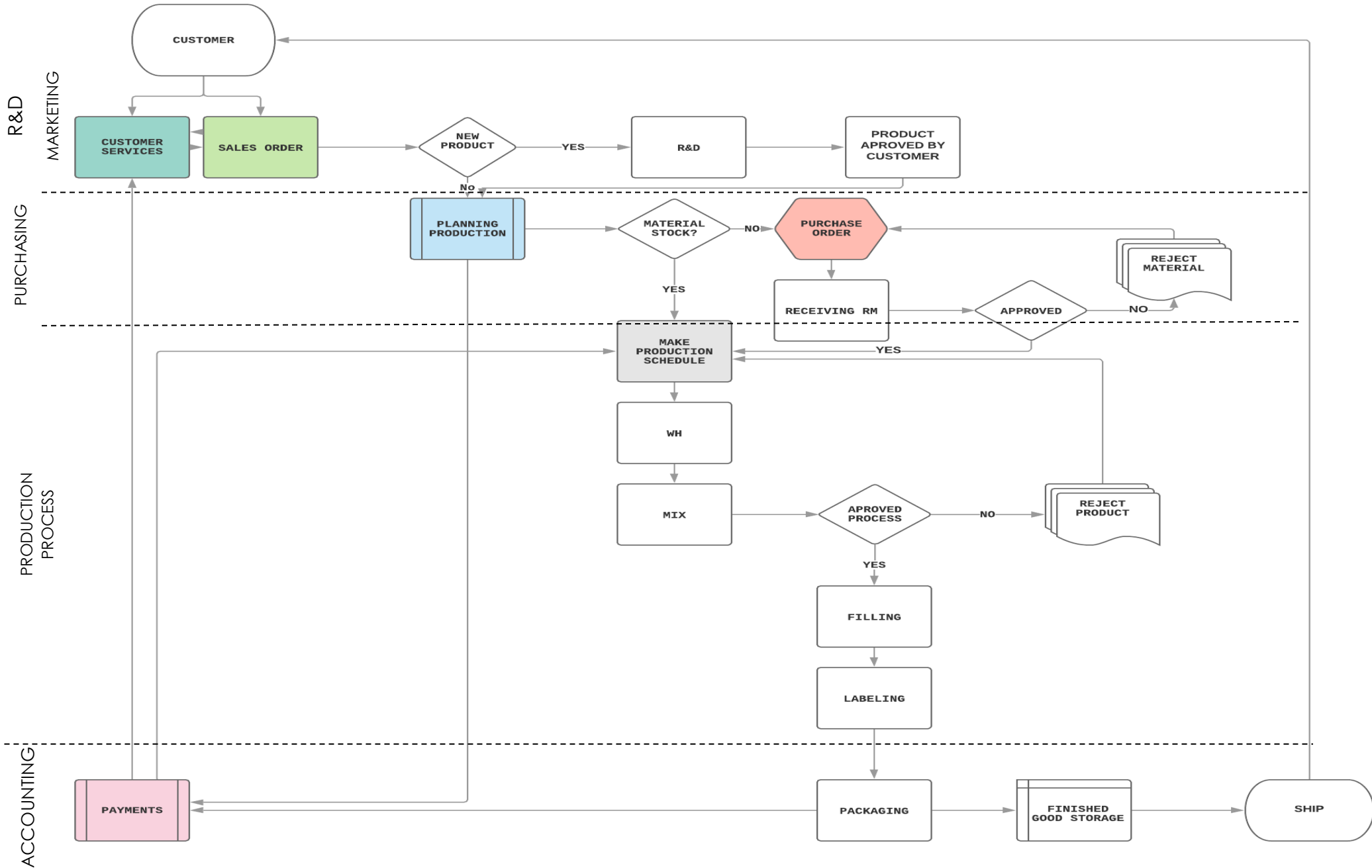
  
Secretary of State

Tracking Number: 4406260316CC

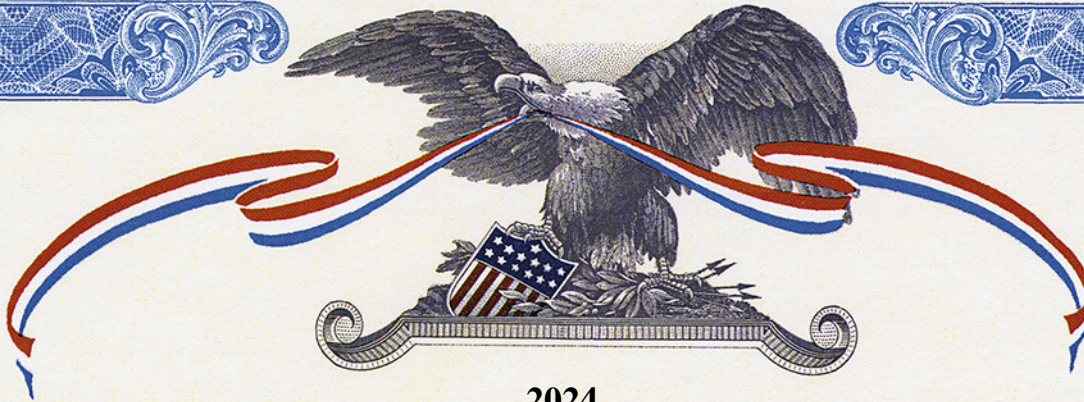
To authenticate this certificate, visit the following site, enter this number, and then follow the instructions displayed.

<https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication>

# JAG ALLIANCE MANUFACTURING FLOW CHART







2024

## CERTIFICATE OF REGISTRATION

*This certifies that:*

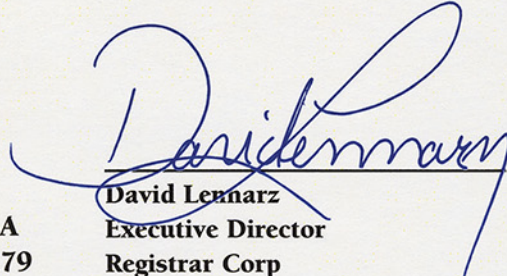
**Jag Alliance, LLC**  
**83 Knight Boxx Rd.**  
**Orange Park, FL 32065**  
**United States**

is registered with the U.S. Food and Drug Administration pursuant to the Federal Food Drug and Cosmetic Act, as amended by the Bioterrorism Act of 2002 and the FDA Food Safety Modernization Act, such registration having been verified as currently effective on the date hereof by Registrar Corp:

U.S. FDA Registration No.: **17793179032**  
U.S. FDA UFI (DUNS) No.: **081456767**  
U.S. Registration Agent: **Registrar Corp**  
144 Research Drive, Hampton, Virginia, 23666, USA  
Telephone: +1-757-224-0177 • Fax: +1-757-224-0179

*This certificate affirms that the above stated facility is registered with the U.S. Food and Drug Administration pursuant to the Federal Food Drug and Cosmetic Act, as amended by the Bioterrorism Act of 2002 and the FDA Food Safety Modernization Act, such registration having been verified as effective by Registrar Corp as of the date hereof, and Registrar Corp will confirm that such registration remains effective upon request and presentation of this certificate until December 31, 2024, unless such registration has been terminated after issuance of this certificate. Registrar Corp makes no other representations or warranties, nor does this certificate make any representations or warranties to any person or entity other than the named certificate holder, for whose sole benefit it is issued. Registrar Corp assumes no liability to any person or entity in connection with the foregoing. The U.S. Food and Drug Administration does not issue a certificate of registration, nor does the U.S. Food and Drug Administration recognize a certificate of registration. Registrar Corp is not affiliated with the U.S. Food and Drug Administration.*

**Registrar Corp**  
144 Research Drive, Hampton, Virginia, 23666, USA  
Telephone: +1-757-224-0177 • Fax: +1-757-224-0179  
info@registrarcorp.com • www.registrarcorp.com

  
**David Lennarz**  
Executive Director  
Registrar Corp  
Dated: September 13, 2023  
© Copyright 2003-2023 Registrar Corp



**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

Food and Drug Administration  
5001 Campus Drive, HFS-681  
College Park, MD 20740

**Date:** November 17, 2022

The U.S. Food and Drug Administration (FDA) is hereby providing you with a confirmation copy of the information FDA received regarding registration of your facility with the FDA as required by 21 CFR Part 1, Subpart H, and the Public Health Security and Bioterrorism Preparedness and Response Act of 2002. The FDA Registration of Food Facilities database shows:

<b>Food Facility Name:</b>	JAG Alliance
<b>Food Facility Registration Number:</b>	17793179032
<b>PIN:</b>	GE92GCAa

<b>Street Address Line 1:</b>	83 Knight Boxx Road		
<b>Street Address Line 2:</b>			
<b>City:</b>	Orange Park	<b>State/Province:</b>	Florida
<b>ZIP/Postal Code:</b>	32065		
<b>Country/Area:</b>	UNITED STATES		

**Drug Establishments Current Registration Site**

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New Search

Search Results for **Jag Alliance, LLC**

Filter:

Firm Name	FDA Establishment Identifier	DUNS	Business Operations	Address	Expiration Date
Jag Alliance, LLC	3015421034	081456767	LABEL; MANUFACTURE	83 Knight Boxx Rd, Orange Park, Florida (FL) 32065, United States (USA)	12/31/2023

Showing 1 to 1 of 1 entries

Previous  Next

Data Current through: Tuesday, Apr 18, 2023

[Return to Drug Firm Annual Registration Status Home Page](#)



Florida Department of Agriculture and Consumer Services  
Division of Food Safety

**ANNUAL FOOD PERMIT  
HEMP FOOD ESTABLISHMENT**

**WILTON SIMPSON  
COMMISSIONER**

Chapter 500, Florida Statutes  
Rule Chapter 5K-4.020 Florida Administrative Code  
(850) 245-5520 | www.FDACS.gov

November 10, 2023

**PERMIT TYPE:** 224  
**PERMIT NUMBER:** 2024-R-2072317  
**FOOD ENTITY NUMBER:** 396899

**Jag Alliance LLC**  
83 Knight Boxx Rd.,  
Orange Park, FL 32065-

**PERMITTED LOCATION ADDRESS:**  
Jag Alliance LLC (CBD Hemp Experts)  
83 KNIGHT BOXX RD  
ORANGE PARK , FL 32065

**The attached permit will expire on December 29, 2024**

This annual food permit must be detached and shall be displayed in a conspicuous location at the permitted location. Failure to conspicuously display the permit may result in administrative action for violation of 5K - 4.020, F.A.C.

The renewal fee for all food permits shall be the same as the food permit fee required by subsection 5K-4.020(4), F.A.C., and shall be due annually on or before December 29. A late fee of \$100 will be imposed in accordance with Chapter 500, F.S., if the renewal fee for this food establishment is received by the Department after December 29. This fee is in addition to the food permit fee required by subsection 5K-4.020(4), F.A.C. It is the business owner's responsibility to ensure the accuracy of their account. Rule 5K-4.020(7), F.A.C., requires food establishments to notify the department within 30 days of closing. Updates to the owner contact information, email, and mailing addresses can be made at <https://foodpermit.fdacs.gov> or at (850) 245-5520.

**THIS FOOD PERMIT IS NOT TRANSFERABLE**

FDACS-14414 Rev. 08/23



Florida Department of Agriculture and Consumer Services  
Division of Food Safety

**2024**

**ANNUAL FOOD PERMIT  
HEMP FOOD ESTABLISHMENT**

**WILTON SIMPSON  
COMMISSIONER**

Chapter 500, Florida Statutes  
Rule Chapter 5K-4.020 Florida Administrative Code  
(850) 245-5520 | www.FDACS.gov

**PERMIT TYPE:** 224  
**FOOD ENTITY NUMBER:** 396899

**EXPIRATION DATE:** December 29, 2024

**LOCATION:**  
Jag Alliance LLC (CBD Hemp Experts)  
83 KNIGHT BOXX RD  
ORANGE PARK , FL 32065

**OWNER:**  
Jag Alliance LLC  
83 Knight Boxx Rd.,  
Orange Park, FL 32065-

This permit must be conspicuously displayed at the permitted location. Rule 5K-4.020(7), F.A.C., requires food establishments to notify the department within 30 days of closing.

**THIS FOOD PERMIT IS NOT TRANSFERABLE**

FDACS-14414 Rev. 08/23

# STATE OF FLORIDA

**LICENSE NUMBER: Z004659**



APPROVAL DATE: 07/01/2023  
EXPIRATION DATE: June 30, 2024

## FLORIDA DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES

**DIVISION OF AGRICULTURAL ENVIRONMENTAL SERVICES  
BUREAU OF LICENSING AND ENFORCEMENT**

### **FEED MASTER REGISTRATION**

This certifies that the named applicant has complied with the administrative requirements of Chapter 580, Florida Statutes, and is hereby authorized to distribute commercial feeds and customer-formula feeds for use in the State of Florida from the date approved, until canceled by the Commissioner of Agriculture or until withdrawn or discontinued by the registrant by written notice to the Commissioner.

REGISTRANT NAME & ADDRESS:  
**Jag Alliance, LLC.**  
**841 Prudential Dr. Suite 1200**  
**Jacksonville, FL 32207**



WILTON SIMPSON  
COMMISSIONER OF AGRICULTURE



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME:		
	PHONE (A/C, No. Ext):	FAX (A/C, No):	
INSURED	E-MAIL ADDRESS:		
	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A :		
	INSURER B :		
	INSURER C :		
	INSURER D :		
	INSURER E :		
	INSURER F :		

**COVERAGES**

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	<b>GENERAL LIABILITY</b>						EACH OCCURRENCE	\$
	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						MED EXP (Any one person)	\$
							PERSONAL & ADV INJURY	\$
							GENERAL AGGREGATE	\$
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC							\$
	<b>AUTOMOBILE LIABILITY</b>						COMBINED SINGLE LIMIT (Ea accident)	\$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/>	<input type="checkbox"/>				BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/>	<input type="checkbox"/>				PROPERTY DAMAGE (Per accident)	\$
								\$
	<b>UMBRELLA LIAB</b>						EACH OCCURRENCE	\$
	<input type="checkbox"/> EXCESS LIAB						AGGREGATE	\$
	<input type="checkbox"/> OCCUR							\$
	<input type="checkbox"/> CLAIMS-MADE							\$
	DED							\$
	RETENTION \$							\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>						WC STATUTORY LIMITS	OT-HER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. EACH ACCIDENT	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y / <input type="checkbox"/> N					E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

**CERTIFICATE HOLDER****CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

*MHP Group*



