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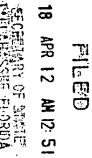
(Re	equestor's Name)	
(Ad	ldress)	·
(Ad	ldress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
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O SIMMONS APR 1 6 2018

COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJI	JLB1 Properties Ltd	
.,ова	Name of Limited Liability Company	
	losed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate ce, and check are submitted to register the above referenced foreign limited liability company to transact business in Florid	
Please	eturn all correspondence concerning this matter to the following:	
	Mark S. Miller	
	Name of Person	
	Firm/Company	
	232 East Market Street	
	Address	
	Washington Court House, OH 43160	
	City/State and Zip Code	
	mmiller@pm-title.com	
	E-mail address: (to be used for future annual report notification)	
For fur	her information concerning this matter, please call:	
	Mark Miller 740 313-7345 at ()	
	Name of Contact Person Area Code Daytime Telephone Number	
	MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301	
Enclos	d is a check for the following amount: ### \$125.00 Filing Fee ### \$130.00 Filing Fee ### \$155.00 Filing Fee ### \$160.00 Filing Fee, Certificate Copy ### Certificate of Status ### Certified Copy #### Certificate Copy #### Certified Copy	

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 LIARILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(If name unavailable, enter alternate	name adopted for the purpose of transacting business in	Florida, The alternate name must include "Limited Lia	bil ty Company," "L.L.C," or "LLC.")
2. Ohio	•	3 82-2830488	
	which foreign limited liability company is organized)	_,,	per, if applicable)
, No	01 10.2018		
·	(Date first transacted business in Florida, if prin (See sections 605,0904 & 605,0905, F.S. to det	r to registration.)	<i>&</i>
5 2411 US Highway 22		•	· · · · · · · · · · · · · · · · · · ·
(Street Address o		6. Jaret L. Bishop (Mailing Add	rea)
Washington Court Ho	ouse, OH 4310	2411 US HIghway 22 SW	
		Washington Court House, 6	OH 43160
· -			16 G S
7. Name and street addr	ess of Florida registered agent; (P.O. B	lox NOT acceptable)	100 V
Name:	Registered Agents Inc.		
Haine.			
Office Address:	3030 N. Rocky Point Drive Suite 13	50A	,
	Tampa. FL 33607	, Florida	
Registered agent's acce	(City)	(Zip cod	c)
на ассері те обидано	ns of my position as registered agent.	, , , , , , , , , , , , , , , , , , , ,	
ina accept the obligation	ns of my position as registered agent. Bill have (Registered agen		
	Registered ages	nt's signature)	
	Bee Home	nt's signature)	duties, and I am familiar with Name and Address:
8. The name, title or cap <u>Title or Capacity:</u>	(Registered ages pacity and address of the person(s) who Name and Address:	nt's signiture) has/have authority to manage is/are:	
8. The name, title or cap	Pacity and address of the person(s) who Name and Address: Jarct L. Bishop 2411 US Highway 22 SW	nt's signature) has/have authority to manage is/are: Title or Capacity:	
8. The name, title or cap <u>Title or Capacity:</u>	Registered ages pacity and address of the person(s) who Name and Address: Jarct L. Bishop	nt's signature) has/have authority to manage is/are: Title or Capacity:	
8. The name, title or cap <u>Title or Capacity:</u>	Pacity and address of the person(s) who Name and Address: Jarct L. Bishop 2411 US Highway 22 SW	nt's signature) has/have authority to manage is/are: Title or Capacity:	
8. The name, title or cap <u>Title or Capacity:</u>	Pacity and address of the person(s) who Name and Address: Jarct L. Bishop 2411 US Highway 22 SW	nt's signature) has/have authority to manage is/are: Title or Capacity:	
8. The name, title or cap <u>Title or Capacity:</u>	Pacity and address of the person(s) who Name and Address: Jarct L. Bishop 2411 US Highway 22 SW	nt's signature) has/have authority to manage is/are: Title or Capacity:	
8. The name, title or cap Title or Capacity: Manager	Registered ages pacity and address of the person(s) who Name and Address: Jarct L. Bishop 2411 US Highway 22 SW Washington CH, OH 4316	nt's signature) has/have authority to manage is/are: Title or Capacity:	
8. The name, title or cap Title or Capacity: Manager Use attachments if neces	Registered agent (Registered agent and address of the person(s) who Name and Address: Jarct L. Bishop 2411 US Highway 22 SW Washington CH, OH 4316	has/have authority to manage is/are: Title or Capacity:	Name and Address:
3. The name, title or cap Title or Capacity: Manager Use attachments if nece	Registered agent (Registered a	has/have authority to manage is/are: Title or Capacity: 0 d, duly authenticated by the official ha	Name and Address:
B. The name, title or cap Title or Capacity: Manager Use attachments if nece Attached is a certificat arisdiction under the law	Registered ages pacity and address of the person(s) who Name and Address: Jarct L. Bishop 2411 US Highway 22 SW Washington CH, OH 4316 ssary) e of existence, no more than 90 days of which it is organized. (If the certification of the	has/have authority to manage is/are: Title or Capacity: 0 d, duly authenticated by the official ha	Name and Address:
8. The name, title or cap Title or Capacity: Manager (Use attachments if nece). Attached is a certificat urisdiction under the law of the translator must be	Registered ages pacity and address of the person(s) who Name and Address: Jarct L. Bishop 2411 US Highway 22 SW Washington CH, OH 4316 ssary) e of existence, no more than 90 days of of which it is organized. (If the certific submitted)	thas/have authority to manage is/are: Title or Capacity: d, duly authenticated by the official hacate is in a foreign language, a translat	Name and Address: ving custody of records in the ion of the certificate under oar
8. The name, title or cap Title or Capacity: Manager (Use attachments if nece 2. Attached is a certificat urisdiction under the law of the translator must be a continued to the continued to the translator must be a continued to the continued to the translator must be a continued to the continued to	Registered ages pacity and address of the person(s) who Name and Address: Jarct L. Bishop 2411 US Highway 22 SW Washington CH, OH 4316 ssary) e of existence, no more than 90 days of which it is organized. (If the certification of the	d, duly authenticated by the official hacate is in a foreign language, a translat	Name and Address: ving custody of records in the ion of the certificate under oat that any false information
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8. The name, title or cap Title or Capacity: Manager (Use attachments if nece). Attached is a certificat urisdiction under the law of the translator must be: 0. This document is exe	Registered ages pacity and address of the person(s) who Name and Address: Jarct L. Bishop 2411 US Highway 22 SW Washington CH, OH 4316 ssary) e of existence, no more than 90 days of of which it is organized. (If the certific submitted) cuted in accordance with section 605.02 to the Department of State constitutes a	d, duly authenticated by the official hacate is in a foreign language, a translat	Name and Address: ving custody of records in the ion of the certificate under oa e that any false information
8. The name, title or cap Title or Capacity: Manager (Use attachments if nece). Attached is a certificat urisdiction under the law of the translator must be: 0. This document is exe	Registered ages pacity and address of the person(s) who Name and Address: Jarct L. Bishop 2411 US Highway 22 SW Washington CH, OH 4316 ssary) e of existence, no more than 90 days of of which it is organized. (If the certific submitted) cuted in accordance with section 605.02 to the Department of State constitutes a	d, duly authenticated by the official hacate is in a foreign language, a translate third degree felony as provided for in the	Name and Address: ving custody of records in the ion of the certificate under oa e that any false information
8. The name, title or cap Title or Capacity: Manager (Use attachments if nece). Attached is a certificat urisdiction under the law of the translator must be:	Registered ages (Registered ages pacity and address of the person(s) who Name and Address: Jarct L. Bishop 2411 US Highway 22 SW Washington CH, OH 4316 ssary) e of existence, no more than 90 days of y of which it is organized. (If the certification accordance with section 605.0) to the Department of State constitutes a Signal Jaret L. Bishop	d, duly authenticated by the official hacate is in a foreign language, a translate third degree felony as provided for in the	Name and Address: ving custody of records in the ion of the certificate under oa e that any false information

DESIGNATION OF REGISTERED AGENT AND REGISTERED OFFICE FOR ALIEN BUSINESS ORGANIZATION OR FINANCIAL INSTITUTION

PURSUANT TO SECTION 607.0505 OR 655.0201, FLORIDA STATUTES, THE UNDERSIGNED ALIEN BUSINESS ORGANIZATION OR FINANCIAL INSTITUTION SUBMITS THE FOLLOWING STATEMENT IN ORDER TO DESIGNATE ITS REGISTERED AGENT AND REGISTERED OFFICE IN THE STATE OF FLORIDA:

JLB1 Properties Ltd	-		
	(Name of alien business organization		
Ohio		3. <u>82-2830</u> 4	488
(State or country und	er which entity is organized)	(FEI	Number, if applicable)
2411 US Highway	22 SW		
	(Principal office	address)	
Name and Florida Stree	t address of registered agent.		
	Registered Agents Inc		
	3030 N. Rocky Point Dr. S	Suite 150A	
	Tampa, FL 33607		
	e registered office and the street ac	ldress of the busines	s office of the registered agent
are identical.	(Signature of chairman, vice		s office of the registered agent
are identical.	(Signature of chairman, vice	e chairman, or officer)	
Jaret L. Bishop, Pre	(Signature of chairman, vice esident (Name and capacity of person si	e chairman, or officer)	
Jaret L. Bishop, President Signature of registered thereby accept the appo	(Signature of chairman, vice esident (Name and capacity of person single the signature of chairman, vice esident (Name and capacity of person single the signature of chairman, vice esident	chairman, or officer) gning in number 7 abov	c)
Jaret L. Bishop, Pre Signature of registered hereby accept the appo 07.0505 or 655.0201, Fig.	(Signature of chairman, vice esident (Name and capacity of person single the signature of chairman, vice esident (Name and capacity of person single the signature of chairman, vice esident	chairman, or officer) gning in number 7 abov	c)

THE FILING OF THIS FORM WITH THE FLORIDA DEPARTMENT OF STATE DOES NOT AUTHORIZE THE ABOVE REFERENCED ENTITY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

FILING FEE \$35

Make checks payable to Florida Department of State and mail to: Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

UNITED STATES OF AMERICA STATE OF OHIO OFFICE OF THE SECRETARY OF STATE

I, Jon Husted, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show JLB1 PROPERTIES LTD., an Ohio Limited Liability Company, Registration Number 1467312, was organized within the State of Ohio on June 1, 2004, is currently in FULL FORCE AND EFFECT upon the records of this office.



Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 6th day of April, A.D. 2018.

Ohio Secretary of State

for Hastel

Validation Number: 201809603632