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COVER LETTER

TO:

Registration Section

Div	vision of Corporations					
SUBJECT:	KA & JN INVESTMENTS, LLC					
Name of Limited Liability Company						
		Company for Authorization to Transact Business in Florida," Certificate of referenced foreign limited liability company to transact business in Florida.				
Please return	n all correspondence concerning this matter t	o the following:				
	Jason B. Murray, Esq.					
	Name of Person					
	Jason B. Murray, LLC					
	Firm/Company					
11 North Mulberry Street						
	Address					
Mansfield, Ohio 44902						
City/State and Zip Code						
	jmurray@jmurraylawoffices.com					
	E-mail address: (to be	e used for future annual report notification)				
For further i	information concerning this matter, please ca	II:				
Jas	son B. Murray, Esq.	419 529-7271 at ()				
	Name of Contact Person	Area Code Daytime Telephone Number				
Re Di P.0	egistration Section vision of Corporations O. Box 6327 Ilahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				
Ple	closed is a check for the following amount: ase make check payable to: FLORIDA DEF \$125.00 Filing Fee	e & 🔲 \$155.00 Filing Fee & 🔲 \$160.00 Filing Fee, Certificate				



November 3, 2021

JASON B MURRAY 11 N MULBERRY ST MANSFIELD, OH 44902

SUBJECT: KA & JN INVESTMENTS, LLC

Ref. Number: W21000139092

We have received your document for KA & JN INVESTMENTS, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tracy L Lemieux Regulatory Specialist II

Letter Number: 021A00025567

RECEIVED
DEC 1 3 7021

www.sunbiz.org

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

IN COMPILANCE WITH SECTION 605,0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TOTRANSACT BUSINESS IN THE STATE OF FLORIDA:

name unavailable, enter alternate i	name adopted for the purpose of transacting business in Flo	rida. The altern	ate name must include "Limited L	iability Company," "L.L.C."	or "LLC
Ohio			-3548439		
(Jurisdiction under the law of which foreign limited liability company is organized)		3	3. (FEI number, if applicable)		
It will be after the Date	e of Registration				
	(Date first transacted business in Florida, if prior to r (See sections 605 0904 & 605 0905; F.S. to determine	egistration.) ne penalty liabili	(y)		
2315 Marion Avenue		, 111	North Mulberry Street		
ret Address of Principal Office)		b	(Mailing Address)		
Mansfield, Ohio 44903	· · · · · · · · · · · · · · · · · · ·	Mai	nsfield, Ohio 44902		
				21	
Name and street addres	ss of Florida registered agent: (P.O. Box	NOT accep	ntable)	DEC -	
Name:	Jose J. Noberto		_	: · · · · · · · · · · · · · · · · · · ·	ED.
Office Address:	1704 Lima Avenue	. <u></u>		र्हे हैं जिस्सा इ.स. ५५ इ.स. ५५	
	Kissimmee		34747 , Florida		
	(City)		(Zip code)	- 	

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 Capacity:	Name and Address:	Title or Capacity:	Name and Address:
□Manager	Name:	□Manager	Name: Katty Anibelca Fermin
■Member	Address: 2315 Marion Avenue	■Member	Address: 2315 Marion Avenue
□Authorized	Mansfield, Ohio 44903	□Authorized	Mansfield, Ohio 44903
Person		Person	
□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

Important Notice: Use an attachment to report more than six (6). 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.

\times	000	nch	
	\mathcal{U}	Signature of an authorized person	
		I sped or printed name of signee	

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

I, Frank LaRose, 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 CN & JN INVESTMENTS, LLC, an Ohio For Profit Limited Liability Company, Registration Number 4621044, was organized within the State of Ohio on February 15, 2021, 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 25th day of October, A.D. 2021.

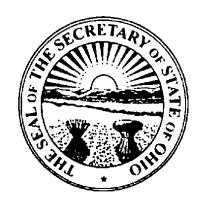
1 John

Ohio Secretary of State

Validation Number: 202129803264

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

I, Frank LaRose, 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 KA & JN INVESTMENTS, LLC, an Ohio For Profit Limited Liability Company, Registration Number 4621045, was organized within the State of Ohio on February 15, 2021, 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 25th day of October, A.D. 2021.

L flore

Ohio Secretary of State

Validation Number: 202129803246