F16000005543

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer					
Operation state of thing officer.					
2					
reject name ? 1 W16-79333					

Office Use Only



200292518712

11/22/16--01021--002 **70.00

16 DEC 12 PM 1:49 DIVISION OF BUILDINGS AND ONE

TIED

2016 NOY 21 AM ID: 07
SELWEIGHT STATE
TALLAHASSEE, FLORIDA

RECEIVED

O SIMMONS DEC 15 2016



FLORIDA DEPARTMENT OF STATE Division of Corporations

November 28, 2016

JANINE BELL 1308 E 108TH ST KANSAS CITY, MO 64131

SUBJECT: J-MO SERVICES INC. Ref. Number: W16000079333



We have received your document for J-MO SERVICES INC. and your check(\$) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.", also are no longer acceptable.

Please return the corrected original and one copy of 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.

Octavia I Simmons
Regulatory Specialist II
Registration Section

Letter Number: 716A00025266

COVER LETTER

TO:	Registration Section Division of Corporations
SHRI	J-MO Services Inc ECT:
ЭС В	Name of corporation - must include suffix
Dear S	Sir or Madam:
"Certi	nclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," ficate of Existence," or "Certificate of Good Standing" and check are submitted to register the referenced foreign corporation to transact business in Florida.
Please Janine	return all correspondence concerning this matter to the following: Bell
	Name of Person
J9 Acc	counting LLC
	Firm/Company
1308 E	E 108th Street
	Address
Kansa	s City, MO 64131
ј9ассо	City/State and Zip code
	E-mail address: (to be used for future annual report notification)
For fu	erther information concerning this matter, please call:
Janine	at ()
	Name of Person Area Code Daytime Telephone Number
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
Enclo	sed is a check for the following amount: Florida Secretary of State
\$ \$7	70.00 Filing Fee Scrifficate of Status Certified Copy S87.50 Filing Fee, Certified Copy Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

J-MO Services I	Inc				
(Enter name of c	orporation; must include "TNCORPORATEI orp," "Inc," "Co," or "Corp.")	O," "COMPANY," "CORPORATION,"			
	is Services Inc.	ne adopted for the purpose of transacting busines	er in Florida)		
Kansas	ante in Froncia, enter anteniate corporate nam	26-2503545 3.	is in Florida)		
(State or countr 04/29/2016					
	(Date of incorporation) (Date of duration, if other than perpetual) 02/09/2016				
4906 W 55th Stre	(SEE SECTIONS 607.1501 & 607. et, Roeland Park, KS 66205	s in Florida, if prior to registration) .1502, F.S., to determine penalty liability)			
1308 E 108th Str	(Princeet, Kansas City, MO 64131	cipal office address)			
	(Current mai	iling address, if different)	16 DEC I		
. Name and stree	<u>et address</u> of Florida registered agent: (F	P.O. Box NOT acceptable)	03.0 03.0		
Name:	InCorp Services, Inc.		9F 9T		
Office Address:	17888 67th Court North				
	Loxahatchee	33470 , Florida	: 50 1:50		
	(City)	(Zip code)	ž O		

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation 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.

Kathy Shin on behalf of InCorp Services, Inc. (Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

11. Names and business addresses of officers and/or directors: A. DIRECTORS Justin K Morris Chairman: 4906 W 55th Terr Address: Roeland Park, KS 66205 Vice Chairman: Address: Director: __ Address: _ Address: __ ᇂ **B. OFFICERS** Justin K Morris President: 4906 W 55th Terr Address: Roeland Park, KS 66205 50 Vice President: Address: _ Secretary: _ Address: Treasurer: Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. Signature of Director or Officer The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that 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. Justin K Morris, President 13.

(Typed or printed name and capacity of person signing application)

STATE OF KANSAS OFFICE OF SECRETARY OF STATE KRIS W. KOBACH

I, KRIS W. KOBACH, Secretary of State of the state of Kansas, do hereby certify, that according to the records of this office.

Business Entity ID Number: 8278160

Entity Name: J-MO SERVICES INC

Entity Type: DOM: FOR PROFIT CORPORATION

State of Organization: KS

Resident Agent: JUSTIN MORRIS

Registered Office: 4906 W 55th Terr, ROELAND PARK, KS 66205

was filed in this office on April 29, 2016, and is in good standing, having fully complied with all requirements of this office.

No information is available from this office regarding the financial condition, business activity or practices of this entity.



In testimony whereof I execute this certificate and affix the seal of the Secretary of State of the state of Kansas on this day of November 08, 2016

KRIS W. KOBACH SECRETARY OF STATE

Certificate ID: 875326 - To verify the validity of this certificate please visit https://www.kansas.gov/bess/flow/validate and enter the certificate ID number.