# F1800001797

(Re	equestor's Name)	<u> </u>		
(Ac	ddress)			
(Ac	ddress)			
(Ci	ty/State/Zip/Phon	ne #)		
PICK-UP	WAIT	MAIL		
(Bu	usiness Entity Na	me)		
(Document Number)				
Certified Copies	Certificate	s of Status		
Special Instructions to Filing Officer:				
W18 -	- 261	60		





400310432074

03/16/18--01009--028 \*\*87.50

18 APR IS PARTE 19

Y SULKER APR 1 7 2018



March 19, 2018

JAMES T LAWSON 12515 LAKE SQUARE CIRCLE STE 403 ORLANDO, FL 32821

SUBJECT: JORDAN KYLI ENTERPRISES INC

Ref. Number: W18000026160

We have received your document for JORDAN KYLI ENTERPRISES INC and your check(s) totaling \$87.50. However, the document has not been filed and is being retained in this office for the following:

The certificate of existence must be issued within the last 90 days by the Secretary of State which has custody of the records in the jurisdiction under the laws of which the above listed entity is incorporated/organized.

Please return 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.

Letter Number: 818A00005483

Yasemin Y Sulker Regulatory Specialist II

www.sunbiz.org

Division of the property of th

## **COVER LETTER**

TO:	Registration Sec	tion			
	Division of Corp				
CHDI	Jordan Kyli ECT:	Enterprises Inc.			
SUD	ECT:	Name of corpora	tion - mu	st include suffix	
		·			
Dear S	Sir or Madam:				
"Certi	ficate of Existence	on by Foreign Corporation ," or "Certificate of Good corporation to transact bu	Standing	' and check are subm	
	return all correspond. Lawson	ondence concerning this m	atter to th	e following:	
		Name	of Perso	n	
Jordan	Kyli Enterprises Inc				
		Firm/0	Company	<u>.                                    </u>	
12515	Lake Square Circle		, ,		
	<del></del>	A	ddress	· ` `	
Orland	o FI 32821			`	
		City/Sta	te and Zi	n code	
james.	l@jordankenterprise			P ****	
		E-mail address: (to be us	ed for fu	ture annual report no	tification)
r 6.		anageria a this matter who	, a a a 11.		
ror iu	rtner information (	concerning this matter, plea	ise can:		
James	T. Lawson		2		
	Name of Person	at (	) Code	Daytime Telepho	one Number
				,	
		-	-		
STREET/COURIER ADDRESS:		-	MAILING ADDRESS:		
Registration Section			Registration Section		
Division of Corporations Clifton Building 2661 Executive Center Circle			Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		porations
					32314
	Tallahassee, FL				
Enclos	sed is a check for t	he following amount:			
<b>□</b> \$7	0.00 Filing Fec	□ \$78.75 Filing Fee & Certificate of Status		3.75 Filing Fee & tified Copy	■ \$87.50 Filing Fee, Certificate of Status & 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. Jordan Kyli Enterprises Inc. 1. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.") JKE, Inc. (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) 201331300032 (FEI number, if applicable) (State or country under the law of which it is incorporated) 11/08/2013 (Date of duration, if other than perpetual) (Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 6160 N. Pointe Drive Pepper Pike, OH 44124 (Principal office address) 12515 Lake Square Circle Orlando, Fl 32821 (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) James T Lawson Name: 12515 Lake Square Circle ste 403 Office Address: Orlando 32821

### 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.

(Zip code)

(Registered agent's signature)

(City)

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:

	ECTORS James T. Lawson				
Chairman	6160 N. Pointe Drive				_
Address:					
	Pepper Pike, Ohio 44124				
	Sarita S. Lawson				_
Vice Cha	irman:6160 N, Pointe Drive				
Address:					_
	Pepper Pike, OH 44124				
Director:				-	_
Address:					_
					_
Director:		<del></del>			_
Address:					
		:			
B. OFF	ICERS James T. Lawson		3		
President	:		7. D.	٠.	
	6160 N. Pointe Drive			٠	
Address:	Pepper Pike, OH 44124				_
	Sarita S. Lawson		- ध्वर जिति		_
Vice Pres		ÛNI.	+		
يمنين المالية	6160 N. Pointe Drive	2 +	<u> </u>		
Address:	Pepper Pike OH 44124				_
			<del></del> -		
Secretary	:				
Adduoras					
Audress:					_
Treasurer	·	·			_
Address:				<u> </u>	
NOTE.	If necessary, you may attach an addendum to the application listing additional officers	and/andi	rantara		
Jam	es T. Lawson	ina/or an	rectors.	•	
12	Signature of Director of Officer				
The offic	signature of Director of Officer cer or director signing this document (and who is listed in number 11 above) affirms that	t the fact	s state <i>ć</i>	l herein	
	and that he or she is aware that false information submitted in a document to the Departs				;
a third de	egree felony as provided for in s.817.155, F.S.				
	es T. Lawson President/CEO  Janes / Layson/				
	(Typed or printed name and capacity of person signing application)				_

## 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 JORDAN KYLI ENTERPRISES, INC, an Ohio corporation, Charter No. 2244671, having its principal location in Moreland Hills, County of Cuyahoga, was incorporated on November 8, 2013 and is currently in GOOD STANDING upon the records of this office.



11 🗝 d

Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 4th day of April, A.D. 2018.

**Ohio Secretary of State** 

Validation Number: 201809403608

Y

24 1