

F180000004829

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

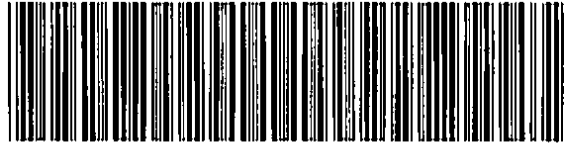
Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Penalty, cas W18-86369

Office Use Only



700318666877

09/24/18--01025--015 **720.00

10/24/18--01016--035 **317.50

FILED
18 OCT 22 PM 5:10
CLERK OF DISTRICT COURT
PALM BEACH COUNTY, FLORIDA

κ SALY
OCT 25 2018



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 26, 2018

MARIA B LEAMY
JMBL PERSONNEL INC
18 HAMILTON ST, STE. 1
BOUND BROOK, NJ 08805

SUBJECT: JMBL PERSONNEL INC
Ref. Number: W18000086369

We have received your document for JMBL PERSONNEL INC and your check(s) totaling \$720.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 607.1502(4), 617.1502(4) or 605.0904(7), Florida Statutes, this entity is liable for a civil penalty of at least \$500 but not more than \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification. In addition to this civil penalty, the appropriate annual report fees that would have been due this office had the entity qualified the year it began operations in this state are also due. The amount due this office to cover both annual report(s) and penalty fees is \$950.00.

There is a balance due of \$317.50.

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.

Karen A Saly
Regulatory Specialist II

Letter Number: 018A00020142

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JMBL Personnel, Inc.

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Maria B. Leamy

Name of Person

JMBL Personnel, Inc.

Firm/Company

18 Hamilton Street, Suite 1

Address

Bound Brook, NJ 08805

City/State and Zip code

mleamy@healthfairsdirect.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Maria B. Leamy at (732) 563-9749, ext 101

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

Enclosed is a check for the following amount:

- ☒ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified 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.*

1. JMBL Personnel, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. New Jersey 3. 61-1648386
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. May 4, 2011 5. perpetual
(Date of incorporation) (Date of duration, if other than perpetual)

6. October 20, 2015
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 18 Hamilton Street, Suite 1, Bound Brook, NJ 08805
(Principal office address)

Same
(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Maria C. Orellana

Office Address: 1830 Tree Swallow Way

Palm Harbor , Florida 34683
(City) (Zip code)

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.

Maria Orellana
(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.

18 OCT 22 PM 5:10
TALLAHASSEE, FLORIDA

11. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: John W Buckley

Address: 1830 Tree Swallow Way, Palm Harbor, FL 34683-6269

Vice President: Maria C. Orellana

Address: 830 Tree Swallow Way, Palm Harbor, FL 34683-6269

Secretary: _____

Address: _____

Treasurer: Maria B. Leamy

Address: 661 Fox Farm Road, Asbury, NJ 08805

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. Maria B Leamy _____

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.

13. Maria B Leamy - Treasurer _____

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

FILED
18 OCT 22 PM 5:10
SECRET
TALLAHASSEE, FLORIDA

**STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES
SHORT FORM STANDING**

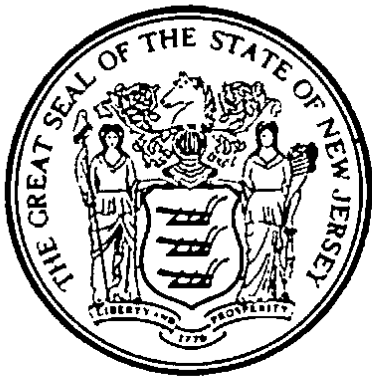
JMBL PERSONNEL INC
0400415455

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic For-Profit Corporation was registered by this office on May 04, 2011.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

MARIA LEAMY
661 FOX FARM ROAD
ASBURY, NJ 08802



*IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed
my Official Seal at Trenton, this
15th day of October, 2018*

Elizabeth Maher Muoio
State Treasurer

Certificate Number: 6091992065

Verify this certificate online at

https://www1.state.nj.us/TYTR_StandingCertJSP/Verify_Cert.jsp

FILED
18 OCT 22 PM 5:10
TALLAHASSEE, FLORIDA