

F18000005410

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

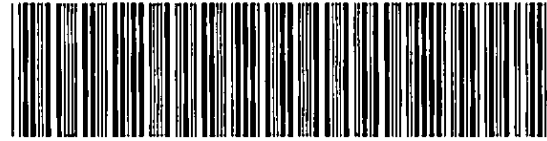
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Pamela T. Karlson, B.C.S.
Board Certified Real Estate Lawyer

Joy Bogaert, Attorney at Law

November 13, 2018

Registration Section
Florida Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Jacob Avery, Inc.
Application by Foreign Corporation for Authorization to Transact Business in Florida
Our File No. 425-18

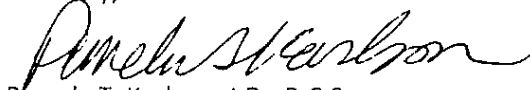
Dear Sir or Madam,

Enclosed please find the following pertaining to the above-referenced matter:

1. Cover Letter providing point of contact for this Application;
2. Completed Application by Foreign Corporation for Authorization to Transaction Business in Florida;
3. Original Certificate of Existence from the Secretary of State, State of Delaware;
4. Our Check in the amount of \$70.00 to cover the registration fee.

If you should have any questions, or desire additional information, you may contact my paralegal, David Mains, at 863-465-5033 or david@karlsonlaw.com.

Sincerely,



Pamela T. Karlson, J.D., B.C.S.

PTK/drm

Enclosures as stated.

cc: Client via email

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JACOB AVERY, 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:

DAVID R. MAINS, PARALEGAL

Name of Person

KARLSON LAW GROUP, P.A.

Firm/Company

301 DAL HALL BLVD.

Address

LAKE PLACID, FL 33852

City/State and Zip code

INFO@KARLSONLAW.COM

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

For further information concerning this matter, please call:

DAVID MAINS

Name of Person

at (863) 465-5033

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. JACOB AVERY, 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. DELAWARE 3. 83-2496479
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 10/29/18 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

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

7. 4334 E. KINSEY RD., AVON PARK, FL 33825
(Principal office address)

(Current mailing address, if different)

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

Name: EILEEN A. GAME

Office Address: 4334 E. KINSEY RD.

AVON PARK, Florida 33825
(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.

Eileen A Game
(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.

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SECRETARY OF STATE

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

A. DIRECTORS

Chairman: EILEEN A. GAME

Address: 4334 E. KINSEY RD.

AVON PARK, FL 33825

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: EILEEN A. GAME

Address: 4334 E. KINSEY RD.

AVON PARK, FL 33825

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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

12. Eileen A. Game
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. EILEEN A. GAME, DIRECTOR/PRESIDENT

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

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SECRETARY OF STATE
TALLAHASSEE, FL 32399

Delaware

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Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "JACOB AVERY, INC." IS DULY
INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD
STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS
OF THIS OFFICE SHOW, AS OF THE SECOND DAY OF NOVEMBER, A.D. 2018.



7126238 8300

SR# 20187388379

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 203822469

Date: 11-02-18

**STATE OF DELAWARE
CERTIFICATE OF INCORPORATION
A STOCK CORPORATION**

The undersigned Incorporator, desiring to form a corporation pursuant to the General Corporation Law of the State of Delaware, hereby certifies as follows:

1. The name of the corporation is JACOB AVERY, INC.
2. The Registered Office of the corporation in the State of Delaware is located at 251 Little Falls Drive, in the City of Wilmington, County of New Castle, Zip Code 19808. The name of the Registered Agent at such address upon whom process against this corporation may be served is Corporation Service Company.
3. The purpose of the corporation is to engage in any lawful act or activity for which corporations may be organized under the General Corporation Law of Delaware.
4. The total amount of stock this corporation is authorized to issue is 8,000 shares (number of authorized shares) with a par value of \$1.00 per share.
5. The name and mailing address of the incorporator are as follows:

NAME: Eileen A. Game

Mailing Address: 4334 E. Kinsey Rd.

Avon Park, FL 33825

BY:



EILEEN A. GAME, Incorporator