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(Requ	iestor's Name))	
(Addre	ess)		
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(City/S	State/Zip/Phon	ne #)	
PICK-UP	MAIT	MAIL	
(Busin	ness Entity Na	me)	
(Document Number)			
Certified Copies	Certificate	s of Status	
Special Instructions to Filing Officer:			
Special Instructions to File Special Instructions to File WA 15696	, ,	·	
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FLORIDA DEPARTMENT OF STATE Division of Corporations

August 15, 2019

DEBORAH BAMBRICK 486 POSADAS CIRCLE PUNTA GORDA, FL 33983

SUBJECT: JEB CONSULTING SOLUTIONS, PA

Ref. Number: W19000075696

We have received your document for JEB CONSULTING SOLUTIONS, PA and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Florida law does not provide for the recognition of a foreign professional corporation. An acceptable corporate suffix will need to be added to your entity name for this Department to accept and file your document.

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

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.

Brooke N Kinsey Regulatory Specialist II

Letter Number: 219A00016890

CORRECTIONS AttachEd

COVER LETTER

Division of Corporations		
SUBJECT. DAB CONS. HUNC	TNC	
SUBJECT: DAB Consenting,	- must include suffix	
Dear Sir or Madam:		
Dear Sir Or Wadam.		
The enclosed "Application by Foreign Corporation for A "Certificate of Existence," or "Certificate of Good Standabove referenced foreign corporation to transact business	ding" and check are subn	
Please return all correspondence concerning this matter	to the following:	
DEBORAH BAC Name of P	nBrick	
DAB Consell Firm/Comp	ting Inc	
486 Posadas	Circle_	
Addres	SS	
Punta Gord	A. FL 339	183
City/State an	d Zip code	
DEBRT94 @ y E-mail address: (to be used to	Ahoo.com	
E-mail address: (to be used for	or future annual report no	otification)
For further information concerning this matter, please ca	all:	
DEBORAH BAMbrick , 220	702-113	3
DEBOLAH BAM buck at (330 Name of Person Area Code	Daytime Teleph	one Number
STREET/COURIER ADDRESS:	MAILING AD	annece.
STREET/COURIER ADDRESS: MAILING ADDRESS: Registration Section Registration Section		
Division of Corporations Division of Corporations		
Clifton Building	P.O. Box 6327	
2661 Executive Center Circle Tallahassee, FL 32301	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. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp." "Inc," "Co," or "Corp.") JEB Consecting Solutions Inc. PA
(If name unavailable in Florida, enteralternate corporate name adopted for the purpose of transacting business in Florida) 2. Chio 3. (State or country under the law of which it is incorporated) (FEI number, if applicable) 4. 4 27 15 5. (Date of incorporation) 5. (Date of duration, if other than perpetual) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) DEBORAH BAMBRICIC

TEL POSACRAS CIRCLE

PULTA GORCLA, Florida 33983

(City) (Zip code) Name: Office Address:

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.

Ouboral Banbrick

(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	
Chairman:	
Address:	
Vice Chairman:	
Address:	
Director:	
Address:	
Director:	
Address:	
B. OFFICERS	
President: DEBORAH BAMBRICK	
Address: TOG POSARIAS CIRCUE	
PRINTA GORDA, FL 33983	
Vice President: JAMBIUCAL JR	
Address: 486 Posa das Circle	
Pevin Goeda, FL 33983	- P T.
Secretary:	<u> </u>
Address:	17. • 18
Treasurer:	
Address:	
NOTE: If necessary, you may attach an addendum to the application listing addition	nal officers and/or directors.
12. Dileoral Binbrick	
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 a third degree felony as provided for in s.817.155, F.S.	
13. DEBURAH BANDRICK	

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

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 DAB CONSULTING, INC., an Ohio corporation, Charter No. 2389735, having its principal location in Canton, County of Stark, was incorporated on April 27, 2015 and is currently in GOOD STANDING upon the records of this office.



Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 7th day of October, A.D. 2019.

Ohio Secretary of State

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Validation Number: 201928003644