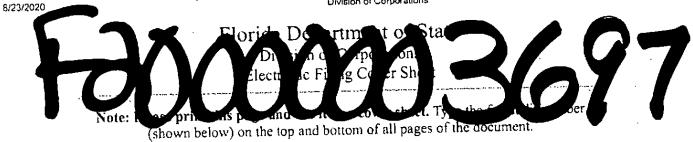
Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : TIMELINE BUSINESS CENTER LLC

Account Number : I20150000034 Phone : (239)344-7417 Fax Number : (888)344-7262

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: janiomil@me.com

#### FOREIGN PROFIT/NONPROFIT CORPORATION JOHN & FRAN SERVICES, INC. Certificate of Status 0 Certified Copy 04 Page Count \$70.00 Estimated Charge

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#### To: Page 2 of 4

## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT **BUSINESS IN FLORIDA**

JOHÑ & FRAN S			
(Enter name of co	rporation: must include "INCORPORATED." " rp," "Inc." "Co." or "Corp.")	COMPANY," "CORPORAT	YON,"
JOHN & FRAN	SERVICES FL. INC.		
(If name unavailal	ole in Florida, enter alternate corporate name ad		icting business in Florida)
GEORGIA	3.	7-3235099	
(State or country	under the law of which it is incorporated)	(FEI number,	if applicable)
8/12/2010	5.		
(Date	of incorporation)	(Date of duration, if or	ther than perpetual)
	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.150)	Plorida, if prior to registration) 2, F.S., to determine penalty li	ability)
1814 SHILOH VA	ALLEY CT NW, KENNESAW, GA, 30144		
	(Principal office	street address)	
8692 PEGASUS	DR, LEHIGH ACRES, FL 33971		
	· ·	address, if different)	
	at address of Florida registered agent: (P.O. TIMELINE BUSINESS CENTER LLC		
Name:	et address of Florida registered agent: (P.O.		
	and address of Florida registered agent: (P.O. TIMELINE BUSINESS CENTER LLC 8971 DANIELS CENTER DR# 304	Box NOT acceptable) , Florida 33912	2020
Name:	and address of Florida registered agent: (P.O. TIMELINE BUSINESS CENTER LLC 8971 DANIELS CENTER DR# 304	Box NOT acceptable)	
Name:  Office Address:	## address of Florida registered agent: (P.O.  TIMELINE BUSINESS CENTER LLC  8971 DANIELS CENTER DR# 304  FORT MYERS  (City)	Box NOT acceptable) , Florida 33912(Zip code)	The state of the s
Name:  ffice Address:  Registered aglaving been names	TIMELINE BUSINESS CENTER LLC  8971 DANIELS CENTER DR= 304  FORT MYERS  (City)  ent's acceptance:  seed as registered agent and to accept service application. I hereby accept the appointment	Box NOT acceptable) , Florida 33912(Zip code)  e of process for the above sent as registered agent and	stated corporation at the pl agree to act in this capaci
Name:  Iffice Address:  Registered agilaving been namesignated in this	## address of Florida registered agent: (P.O.  TIMELINE BUSINESS CENTER LLC  8971 DANIELS CENTER DR# 304  FORT MYERS  (City)  ent's acceptance:  led as registered agent and to accept service.	Box NOT acceptable) , Florida 33912 (Zip code)  e of process for the above sent as registered agent and lutive to the proper and con	stated corporation at the pl agree to act in this capaci implete performance of my
Name:  ffice Address:  Registered agilaving been namesignated in this	et address of Florida registered agent: (P.O.  TIMELINE BUSINESS CENTER LLC  8971 DANIELS CENTER DR# 304  FORT MYERS  (City)  ent's acceptance:  ted as registered agent and to accept service application. I hereby accept the appointment of apply with the provisions of all statutes re	Box NOT acceptable) , Florida 33912 (Zip code)  e of process for the above sent as registered agent and lutive to the proper and con	stated corporation at the pl agree to act in this capaci

□Chairman	Name:	□ Chairman	NOEMI D MILITAO
	Address: 1814 SHILOH VALLEY CT NW	□Vice Chairman	Address: 1814 SHILOH VALLEY CT NV
Director	KENNESAW, GA, 30144	□Director	KENNESAW, GA. 30144
🗐 President		President	
□Vice President		Vice President	
Secretary	□Treasurer	☐ Secretary	□Treasurer
	Other	□Other	Other
□Chairman	Name:	□Chairman	Name:
∐Vice Chairman	Address:	□Vice Chairman	Address:
□Director		□Director	
□President		President	
□Vice President		□Vice President	
☐Secretary	☐Treasurer	□Secretary	☐Treasurer
□Other	□ Other	Other	□Other
□Chairman	Name:	□Chairman	Name:
□Vice Chairman	Address:	□Vice Chairman	Address:
□Director		Director	** :
□President	Address to the second of the s	☐ President	
□Vice President		□Vice President	
Ti Secretary	□Treasurer	☐ Secretary	□Treasurer
□Other		Other	□Other

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.

Control Number: 10056838

# STATE OF GEORGIA

## Secretary of State

Corporations Division 313 West Tower 2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

### CERTIFICATE OF EXISTENCE

I, Brad Raffensperger, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

### JOHN & FRAN SERVICES, INC.

a Domestic Profit Corporation

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

> Docket Number : 19526885 Date Inc/Auth/Filed: 08/12/2010 Jurisdiction : Georgia : 08/16/2020 Print Date

Form Number : 211



Bred Raffersparger

Brad Raffensperger Secretary of State