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COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Jolee Island, Inc.			
Jobace 1.	Name of corporation	- must include suffix	
Dear Sir or Madam:			
The enclosed "Application by For "Certificate of Existence," or "Ce above referenced foreign corpora	rtificate of Good Stand	ding" and check are submit	
Please return all correspondence	concerning this matter	to the following:	
Michael B. Smuck			
	Name of I	Person	
	Firm/Com	nany	
5426 Terrace Circle	1 min com	pany	
	Addre	SS	
Miramar Beach, Florida 32550			~;
	City/State ar	nd Zip code	
mikesmuck1@aol.com			_ _
E-mail	address: (to be used for	or future annual report noti	fication)
For further information concerning this matter, please call:			:
Michael Smuck	at (9750627 Daytime Telephor	,
Name of Person	Area Code	Daytime Telephor	ie Number
STREET/COURIER Al Registration Section Division of Corporations The Centre of Tallahasse 2415 N. Monroe Street, S Tallahassee, FL 32303	e	MAILING ADE Registration Sect Division of Corp P.O. Box 6327 Tallahassee, FL	ion orations
-	RIDA DEPARTMENT		■ \$87.50 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

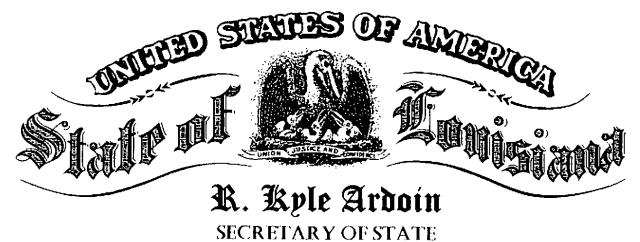
IN COMPLIANCE WITH SECTION 607.1503. FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

•			
(If name unavails	able in Florida, enter alternate corporate name	adopted for the purpose of transacting business i	in Florida)
Louisiana	3.	(FEI number, if applicable)	
(State or countr	y under the law of which it is incorporated)	(FEI number, if applicable)	
11/10/2006	5.	(Date of duration, if other than perpetu	
(Date	of incorporation)	(Date of duration, if other than perpett	ıal)
		n Florida, if prior to registration)	
2212 D Matainin !		502, F.S., to determine penalty liability)	
2513 B Mctanie	Rd., Metairie, Louisiana 70001		
	(Principal off	ice <u>street</u> address)	
	(C)	ng address, if different)	
	(Current maili	ig address, it different)	
Nama and strac	et address of Florida registered agent: (P.0) Pow MOT acceptable)	~3
Name and <u>succ</u>		3. Box <u>(NOT</u> acceptable)	÷,
Name:	Michael Smuck		•
ffice Address:	5426 Terrace Circle		1
THE TIGHTOS.	Miramar Reach	37550	 :
	Miramar Beach, (City)	, Florida (Zip code)	·:?
	(City)	(Zip code)	-0 .3
	ent's acceptance:	ice of process for the above stated corporati	

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.

(Registered agent's signature)

A. DIRECTORS Michael B. Smuck □ Chairman □ Chairman Name: 5426 Terrace Circle ☐ Vice Chairman Address: ☐ Vice Chairman Address: Miramar Beach, Florida 32550 □ Director □ Director President □ President ☐ Vice President ☐ Vice President ☐ Secretary ☐ Treasurer ☐ Secretary ☐Treasurer □Other _____ ☐Other _____ □Other _____ ☐Other _____ Name: _ Carol A. Smuck □Chairman □ Chairman Name: 5426 Terrace Circle Address: □ Vice Chairman ☐ Vice Chairman Address: Miramar Beach, Florida 32550 □Director □ Director □President □President □Vice President _____ □ Vice President ■ Secretary ☐Treasurer □Treasurer □ Secretary □Other □Other _____ □Other _____ □Other _____ Michael B. Smuck, Jr. Chairman □Chairman Name: 2313 B Metairie Rd. □Vice Chairman Address: ☐ Vice Chairman Address: Metairie Rd., Louisiana 70001 □Director □ Director □President □ President □Vice President _____ ☐ Vice President ☐Treasurer → 3 □ Secretary □Treasurer □ Secretary □Other _____ □Other _____ Other____ □Other ____ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form. 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. (Typed or printed name and capacity of person signing application)



SECKETARY OF STATE

As Secretary of State of the State of Louisiana, I do hereby Certify that

the Articles of Incorporation of

JOLEE ISLAND, INC.

Domiciled at METAIRIE, LOUISIANA,

Were filed in this Office and a Certificate of Incorporation was issued on November 10, 2006,

I further certify that no Certificate of Dissolution or Termination has been issued.

In testimony whereof, I have hereunto set my hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on,

September 24, 2020

R 12fe No. Secretary of State

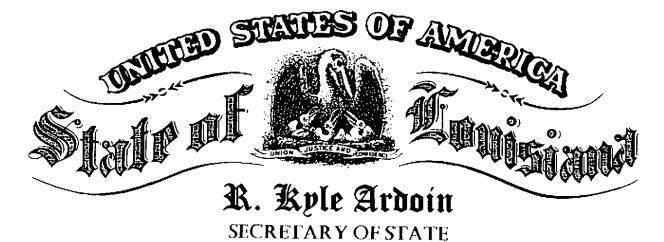
Web 36308040D



Certificate ID: 11276497#K7Q83

To validate this certificate, visit the following web site, go to Business Services, Search for Louisiana Business Filings, Validate a Certificate, then follow the instructions displayed.

www.sos_la_gov



As Secretary of State, of the State of Louisiana, I do hereby Certify that

JOLEE ISLAND, INC.

A corporation domiciled in METAIRIE, LOUISIANA,

Filed charter and qualified to do business in this State on November 10, 2006,

I further certify that the records of this Office indicate the corporation has paid all fees due the Secretary of State, and so far as the Office of the Secretary of State is concerned is in good standing and is authorized to do business in this State.

I further certify that this Certificate is not intended to reflect the financial condition of this corporation since this information is not available from the records of this Office.

In testimony whereof, I have hereunto set my hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on,

September 24, 2020

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Certificate ID: 11276498#T9R93

To validate this certificate, visit the following web site, go to Business Services, Search for Louisiana Business Filings, Validate a Certificate, then follow the instructions displayed.

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Secretary of State

Web 36308040D