F2400005395

(Requestor's Name)					
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PICK-UP WAIT MAIL					
(Business Entity Name)					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status	_				
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Special Instructions to Filing Officer:					





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COVER LETTER

	stration Section sion of Corporations				
SUBJECT:	JK2Properties LLC				
	N	ame of corporation	- must include suffix		
Dear Sir or M	ladam:				
"Certificate of		icate of Good Stan	Authorization to Transac ding" and check are sub- ss in Florida.		
Please return	all correspondence con	cerning this matter	to the following:		
Jordan Katz					
		Name of	Person		
JK2Properties	LLC				
·		Firm/Com	pany		
31115 Wooda	II Drive				
		Addre	288		
Solon, OH 44	139				
		City/State a	nd Zip code		
jordan@jk2pr	•				
	E-mail ad	dress: (to be used f	or future annual report n	otification)	
For further in	formation concerning the	his matter, please c	all:		
Jordan Katz		at (216	407-5886		
Nan	ne of Person	Area Cod	e Daytime Teleph	none Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			Registration S Division of Co P.O. Box 6327	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
	_	A DEPARTMENT	OF STATE S78.75 Filing Fee & Certified Copy	☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy	



August 1, 2024

JORDAN KATZ 31115 WOODALL DR SOLON, OH 44139

SUBJECT: 2JK2PROPERTIES LLC Ref. Number: W24000109799

We have received your document for 2JK2PROPERTIES LLC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.", also are no longer 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.

Tracy L Lemieux Regulatory Specialist II

RECEIVED

Letter Number: 224A00017166

OCT 07 2024



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.

I. JK2Properties L	LC				
,	orporation; must include orp," "Inc," "Co," or "Co		COMPANY," "CORPORAT	ION."	
	Atticus	Fine Ho	mes LLC		
(If name unavaila	ıble in Florida, enter alte	rnate corporate name ado	pted for the purpose of transa	ecting business in Florida)	
Ohio		3			
(State or country	untry under the law of which it is incorporated) [FEI number, if applicable]			if applicable)	
October 6, 2022		5			
	(Date of incorporation) 5. (Date of duration, if other than perpetual)				
Have not transac	eted in Florida yet				
, 31115 Woodall D	rive, Solon, OH 44139	(Principal office	street address)	2021 OCT	
		(Current mailing a	ddress, if different)	T-7 AM 9: 25 AHASSEE, FI	
3. Name and stree	et address of Florida re	gistered agent: (P.O. E	Box <u>NOT</u> acceptable)	AM 9: 25 OF STATE	
Name:	Registered Agents Inc		_	- A 6	
Office Address:	7901 4th St. N STE 30		_		
	St. Petersburg		Florida		
	(0	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.



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.

A. DIRECTORS	r			
□Chairman	Jordan Katz Name:	□ Chairman	Name: Jessica Katz Name: 31115 Woodall Drive Address: Solon, OH 44139	
□Vice Chairman	Address: 31115 Woodall Drive	□Vice Chairman		
□Director	Solon, OH 44139	□Director		
□President		□President		
□Vice President		□Vice President		
Secretary	□Treasurer	Secretary	□Treasurer	
Other Member	Other	Other Member	Other	
□Chairman	Name:	□Chairman	Name:	
•	Address:	□Vice Chairman	Address:	
□ Director		Director		
		□ President		
President				
		□Vice President		
☐ Secretary	☐Treasurer .	☐ Secretary	□Treasurer	
Other	Other	□Other	Other	
□Chairman	Name:	□ Chairman	Name:	
	Address:	□Vice Chairman	Address:	
Director		☐ Director		
□President		□President		
□Vice President		□Vice President		
☐Secretary	□Treasurer	☐ Secretary	□Treasurer	
□Other	Other	□Other	□Other	
Important Notice: individuals may be	Use an attachment to report more than six (6). The a an added to the index when filing your Florida Depart.	ttachment will be image ment of State Annual Re	d for reporting purposes only. Non-indexed eport form.	
12	Simple A Chicago	er or Officer		
	i/			
The officer or dire she is aware that fas.817.155, F.S.	ctor signing this document (and who is listed in numalse information submitted in a document to the Dep	iber 11 above) affirms th artment of State constitu	nat the facts stated herein are true and that he of ites a third degree felony as provided for in	
13. Jordan Katz	· · · · · · · · · · · · · · · · · · ·			

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 JK2PROPERTIES LLC, an Ohio Limited Liability Company, Registration Number 4936842, was organized in the State of Ohio on October 6, 2022, is currently in FULL FORCE AND EFFECT upon the records of this office.



Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 16th day of July, A.D. 2024.

Ohio Secretary of State

I flore

Validation Number: 202419802362