M08000002245

	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-U	P WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instruction	s to Filing Officer:
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B. KOHR MAY 1 3 2008

EXAMINER

JALLAHASSEE FLOOR



ACCOUNT NO. : 072100000032

REFERENCE : 568

568476 480448

AUTHORIZATION

COST LIMIT : \$\sqrt{125.00}

ORDER DATE : May 13, 2008

ORDER TIME : 11:29 AM

ORDER NO. : 568476-005

CUSTOMER NO: 4804484

FOREIGN FILINGS

NAME: JAMBERLY, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight -- EXT# 2956

EXAMINER:

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

ENTITY ENTER IT COMPART TO TRANSPORT BOSE FOR IN THE STATE OF FLORIDA	k ^a
_{1.} JAMBERLY, LLC	<i>O</i>
(Name of Foreign Limited Liability Company; must include "Limited Liability	y Company," "L.L.C.," or "LLC."
N/A	
1. JAMBERLY, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability N/A (If name unavailable, enter alternate name adopted for the purpose of transacting bus consent of the managers or managing members adopting the alternate name. The alternate name. The alternate name. The alternate name of the managers or managing members adopting the alternate name. The alternate name of the managers or managing members adopting the alternate name. The alternate name of the managers or managing members adopting the alternate name. The alternate name of the managers or managing members adopting the alternate name. The alternate name of the managers or managing members adopting the alternate name of the managers or managing members adopting the alternate name. The alternate name of the managers or managing members adopting the alternate name of the managers or managing members adopting the alternate name. The alternate name of the managers or managing members adopting the alternate name. The alternate name of the managers or managing members adopting the alternate name. The alternate name of the managers or managing members adopting the alternate name of the managers or managing members adopting the alternate name. The alternate name of the managers or manage	iness in Florida and attach a copy of the written mate name must include "Limited Liability"
2 Delaware	\$ 100 PM
(Jurisdiction under the law of which foreign limited liability (FE company is organized)	I number, if applicable)
4 May 6, 2008 5 perpetual	7
(Date of Organization) (Duration: Year exist or "perpetu	limited liability company will cease to al")
6.	
(Date first transacted business in Florida, if prior to regis (See sections 608.501 & 608.502 F.S. to determine penalty	ration.) · liability)
7. 706 First Street	
Neptune Beach, FL 32266	_
(Street Address of Principal Office)	
8. If limited liability company is a manager-managed company, check l	nere 🔀
9. The name and usual business addresses of the managing members or	managers are as follows:
James Dyer, 706 First Street, Neptune Beach, FL 32266	
Kimberly Fabio, 706 First Street, Neptune Beach, FL 3220	56
10. Attached is an original certificate of existence, no more than 90 days old, duly authentic he jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If it	
ranslation of the certificate under oath of the translator must be submitted.)	2000.0000.0000.00000.00000.00000.00000.0000
1. Nature of business or purposes to be conducted or promoted in Flor	id a :
All lawful activity and specifically to own and operate preschools affiliated with the organization and to do any and all things necessary, convenient, or incidental to the	
A STATE OF THE OPEN AND ANY AND ANY AND ANY AND ANY AND ANY	s pui pusu.
Signature of a member of an authorized represent	ative of a member.
(In accordance with section 608.408(3), F.S., the execution of this an affirmation under the penalties of perjury that the facts stated it	document constitutes
James Dyer, Manager	·
Typed or printed name of signee	

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

If name unava	lable, the alternate name to be used in the state of Florida is:
N/A	
2. The name a	nd the Florida street address of the registered agent and office are:
	James Dyer
	(Name)
	706 First Street
	
	Florida Street Address (P.O. Box NOT ACCEPTABLE)
	Florida Street Address (P.O. Box NOT ACCEPTABLE)

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.

BY: Anar Anar James Dyer (Signature)

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

Delaware

PAGE

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "JAMBERLY, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SIXTH DAY OF MAY, A.D. 2008.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "JAMBERLY, LLC" WAS FORMED ON THE SIXTH DAY OF MAY, A.D. 2008.

4543391 8300

080508748

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

Warriet Smile Handson

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 6571049

DATE: 05-06-08