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(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Danish New Land
(Document Number)
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SEUNCHIARY OF STATE

ALLAMASSEE, FLORIDA

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B. KOHR

AUG 2 0 2008

EXAMINER

COVER LETTER

	ation Section on of Corporations	
SUBJECT:	BM Leasing, LLC (Name of Li	mited Liability Company)
Florida," Certi		iability Company for Authorization to Transact Business in submitted to register the above referenced foreign limited.
Please return a	Il correspondence concerning this	matter to the following:
1	Elizabeth M. Boone	E E E
-	C	Name of Person)
•	Watson & Jones, PA	The state of the s
-	(I	Firm/Company)
!	PO Box 23546	
-		(Address)
,	Jackson, MS 39225	
<u>-</u>		State and Zip Code)
For further info	ormation concerning this matter, p	lease call:
Elizat	oeth M. Boone	at (601) 939-8900
_	(Name of Person)	(Area Code & Daytime Telephone Number)
Divisio P.O. Bo	ING ADDRESS: n of Corporations ox 6327 ssee, FL 32314	STREET ADDRESS: Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
	heck for the following amount: 00 Filing Fee \$\sum_\$130.00 Filing Fee &\text{Certificate}\$	



FLORIDA DEPARTMENT OF STATE Division of Corporations

August 14, 2008

PO BOX 23546 JACKSON, MS 39225

SUBJECT: JBM LEASING, LLC Ref. Number: W08000038330

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TAIT AHASSEE, FLORIDA

We have received your document for JBM LEASING, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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) 245-6097.

Marsha Thomas Regulatory Specialist II

Letter Number: 508A00046090

COVER LETTER

Division of Corporations	
SUBJECT: JBM Leasing, LLC	
(Name of Limit	ted Liability Company)
	oility Company for Authorization to Transact Business in omitted to register the above referenced foreign limited
Please return all correspondence concerning this ma	atter to the following:
Elizabeth M. Boone	ne of Person)
(Nan	ne of Person)
Watson & Jones, PA	SSEE PA 2
(Firr	n/Company)
PO Box 23546	Property of the second of the
	Address)
Jackson, MS 39225	
· (City/Sta	te and Zip Code)
For further information concerning this matter, plea	se call:
Elizabeth M. Boone	_at (601) 939-8900
(Name of Person)	(Area Code & Daytime Telephone Number)
MAILING ADDRESS:	STREET ADDRESS:
Division of Corporations	Division of Corporations
P.O. Box 6327	Clifton Building 2661 Executive Center Circle
Tallahassee, FL 32314	Tallahassee, FL 32301
Enclosed is a check for the following amount: \$\sum{125.00 Filing Fee}\$ \$\sum{130.00 Filing Fee & Certificate of \$\sum{130.00 Filing Fee}\$}\$	\$155.00 Filing Fee & \$160.00 Filing Fee, Certificate Status Certified Copy of Status & Certified Copy

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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN

LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: JBM Leasing, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C.," "LLC.") 2 South Carolina (FEI number, if applicable) (Jurisdiction under the law of which foreign limited liability company is organized) 4 09-15-2006 Perputual (Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual") (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) 13770 E Wade Hampton Blvd Greer, SC 29651 (Street Address of Principal Office) 8. If limited liability company is a manager-managed company, check here 9. The name and usual business addresses of the managing members or managers are as follows: Mark C. Escude, 14435 E Wade Hampton Blvd, Greer, SC 29651 Jimmy R. Hutchinson, 13770 E Wade Hampton Blvd, Greer, SC 29651 Robert E. Hogan, 6373 Blanding Blvd, Jacksonville, FL 32244 10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.) 11. Nature of business or purposes to be conducted or promoted in Florida: Lease property to

> Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

> > Kevin J. Carroll, Authorized Representative

Typed or printed name of signee

R. H. Cars, Inc. d/b/a KIA of Orange Park

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.

JBM Leasir	ng, LLC	<u> </u>
f name unava	ilable, the alternate name to be used in the state of Florida is:	
		· · · · · · · · · · · · · · · · · · ·
. The name a	and the Florida street address of the registered agent and office are:	
	Kevin J. Carroll	
	Kevin J. Carroll (Name)	
	(Name)	
	(Name) 227 South Calhoun Street	

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.

(Signature)

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

The State of South Carolina



Office of Secretary of State Mark Hammond

Certificate of Authorization

I, Mark Hammond, Secretary of State of South Carolina Hereby certify that:

JBM LEASING, LLC, A Limited Liability Company duly organized under the laws of the State of SOUTH CAROLINA, and issued a certificate of authority to transact business in South Carolina on September 15th, 2006, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to section 33-44-809 of the South Carolina Code, and that the company has not filed a certificate of cancellation as of the date hereof.

Given under my Hand and the Great Seal of the State of South Carolina this 7th day of August, 2008.

Mark Hammond, Secretary of State