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(Requestor's Name)	
(Address)	
(Address)	_
(City/State/Zip/Phone #)	_
PICK-UP WAIT MAIL	
(Business Entity Name)	
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(Document Number)	_
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
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T. HAMPTON
FEB 2 4 2009
EXAMINER

120 Jacks

COVER LETTER

Division of Corporations
SUBJECT: HOLY JONES LLC (Name of Limited Liability Company)
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida
Please return all correspondence concerning this matter to the following:
TOOD LEON!
(Name of Person)
(Firm/Company)
Po 381703 (Address)
(Address)
(City/State and Zip Code)
(City/State and Zip Code)
For further information concerning this matter, please call:
$\frac{1000 \text{ LeoN!}}{\text{(Name of Person)}} \text{ at } \frac{305}{756-1177} \times 12$
MAILING ADDRESS: Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET ADDRESS: Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
Enclosed is a check for the following amount: \$\Bigsim \mathbb{\text{\$125.00 Filing Fee}} \Bigsim \mathbb{\text{\$\$\$}\$\$}\$\$\$130.00 Filing Fee & \$\Bigsim \mathbb{\text{\$\$\$}\$}\$\$\$\$\$155.00 Filing Fee & \$\Bigsim \mathbb{\text{\$\$}\$}\$

HOLLYJONES LLC C/O TODD LEONI 8101 BISCAYNE BLVD SUITE 206 MIAMI, FLORIDA 33138

February 6, 2009

REGISTRATION SECTION DIVISION OF CORPORATIONS P.O. BOX 6327 TALLAHASSEE, FLORIDA 32314

To Whom It May Concern:

ENCLOSED IS OUR CHECK NUMER 1008 AND OUR "CERTIFICATE OF EXISTENCE THAT YOU NEEDED.

PLEASE CALL ME IF YOU HAVE ANY QUESTIONS. MY NUMBER IS 305.300.4192 AND MY OFFICE IS 305.756.1177.

THANK YOU FOR YOUR ATTENTION TO THIS MATTER.

YOURS TRULY,

TODD LEONÍ, MANAGER HOLLYJONES LLLC



RECEIVED

09 FEB 23 PM 4:00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE Division of Corporations

February 12, 2009

TODD LEONI P O BOX 381703 MIAMI, FL 33238

SUBJECT: HOLLYJONES LLC Ref. Number: W09000006893

We have received your document for HOLLYJONES LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The entity's date of incorporation/organization must be listed in the document.

The entity's period of duration must be listed on the application. Please insert the word "perpetual", if a specific date of dissolution or term of existence has not been specified.

Please return the corrected original and one copy of 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) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 309A00005064

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

	SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGI ANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:	STER A FOREIGN
1. Name of Foreign L	HOLLY JONES LLC A GEORGIA Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "L	LLC
	ralternate name adopted for the purpose of transacting business in Florida and attach a commanaging members adopting the alternate name. The alternate name must include "Linc.")	
2. (Jurisdiction under the la company is organized)	aw of which foreign limited liability 3. (FEI number, if applicable)	
4. 3/1/	Organization) 5. Duration: Year limited liability company will exist or "perpetual"	I cease to
	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)	
7	101 BISCAYNE Blue # 206	
	NIAWI FL 33138 (Street Address of Principal Office)	
8. If limited liability c	company is a manager-managed company, check here	
	l business addresses of the managing members or managers are as follow	
1000	Leoni 8101 BISCAYNE Blue # Miami, FL	206
	Miami, Fc	33138
the jurisdiction under the lav	ertificate of existence, no more than 90 days old, duly authenticated by the official having cu v of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign la under oath of the translator must be submitted.)	
11. Nature of business	s or purposes to be conducted or promoted in Florida:	JAN ISIGN
	REAL ESTATE	FILE OF SE
_	Orle.	ED OF STA DRPORA
<u>'</u>		
(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 penaltics of perjury that the facts stated herein are true.)	OF STATE RPORATIONS AM 10: 53
((In accordance with section 608.408(3), F.S., the execution of this document constitutes	TIONS

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.

1. The name of the Limited Liability Company is:
Hollysones LLC
If name unavailable, the alternate name to be used in the state of Florida is:
2. The name and the Florida street address of the registered agent and office are:
(Name)
8101 BIS CAYNG BWO # 206 Florida Street Address (P.O. Box NOT ACCEPTABLE)
Miami FL 33138 City/State/Zip

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)

SECRETARY OF STATE
DIVISION OF CORPORATIONS

Control No. 0519433

STATE OF GEORGIA

Secretary of State

Corporations Division 315 West Tower #2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, Karen C Handel, Secretary of State and the Corporations Commissioner of the state of Georgia, hereby certify under the seal of my office that

HOLLYJONES LLC

Domestic Limited Liability Company

was formed or was authorized to transact business on 03/11/2005 in Georgia. 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.



WITNESS my hand and official seal of the City of Atlanta and the State of Georgia on 6th day of February, 2009

Karen C Handel
Secretary of State

Certification Number: 3388664-1 Reference: Verify this certificate online at http://corp.sos.state.ga.us/corp/soskb/verify.asp