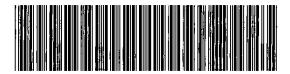
# M09000003500

(Requi	estor's Name)	
(Addre	ess)	
(Addre	ess)	10.00
(City/S	tate/Zip/Phone #)	)
PICK-UP	WAIT	MAIL :
		:
(Busin	ess Entity Name)	1 1
(Docur	ment Number)	
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Certified Copies	Certificates of	Status
		i •
Special Instructions to Fili	ng Officer:	
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Office Use Only



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C. LEWIS

SEP 4, 2009

EXAMINER

#### **COVER LETTER**

Registration Section
Division of Corporations

TO:

SUBJECT:	THE J	OLLY-DE GA	NNE	S WORKSHOPPE	S, LLC	
				nited Liability Company	<del></del>	
					ransact Business in Florida," Cert ty company to transact business i	
Please return all	correspondence	concerning this matt	er to the	e following:		
		Mic		Anthony Stephens		
			N	ame of Person		
		Th	e Ste <sub>l</sub>	phens Firm, PLLC		
			Fi	rm/Company		
			PC	) Box 5301		
				Address		
		Sun City	Cent	er, Florida 335715301		
				tate and Zip Code		
				TheStephensFirm.con		
				I for future annual report not	ification)	
For further infor	rmation concerni	ng this matter, please	call:			
	<del>··</del> · · · · · · · · · · · · · · · · · ·	thony Stephens		at (888)	7235431	
	Name	of Person	Area	a Code & Daytime Telephon	e Number	
	ING ADDRESS			ET ADDRESS:		
	on of Corporation	IS		n of Corporations		
_	ration Section ox 6327		_	ration Section		
	assee, FL 32314			Building xecutive Center Circle		
1 anana	3500, IL 32314			ssee, FL 32301		
Enclosed is a	check for the	following amoun	t:			
\$125	5.00 Filing Fee	\$130.00 Filing Certificate of		\$155.00 Filing Fee & Certified Copy	\$160.00 Filing Fee, Certific of Status & Certified Co	



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

September 1, 2009

MICHAEL ANTHONY STEPHENS THE STEPHENS FIRM PLLC P.O. BOX 5301 SUN CITY CENTER, FL 33571-5301

SUBJECT: THE JOLLY-DE GANNES WORKSHOPPES, LLC

Ref. Number: W09000039403

We have received your document for THE JOLLY-DE GANNES WORKSHOPPES, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by a member or an authorized representative of a member.

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) 245-6047.

Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 609A00029284

## 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:

LL	IMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE ST	
1.	. THE JOLLY-DE GANNES (Name of Foreign Limited Liability Company; must include	WORKSHOPPES LLC "Limited Liability Company," "L.L.C.," or "LLC.")
	f name unavailable, enter alternate name adopted for the purpose onsent of the managers or managing members adopting the alterna	of transacting business in Florida and attach a copy of the written
Co	ompany," "L.L.C," "LLC.")	
2.	DELAWARE (Jurisdiction under the law of which foreign limited liability 3.	26-4525330 (FEI number, if applicable)
	(Jurisdiction under the law of which foreign limited liability company is organized)	( FEI number, if applicable)
4.		PERPETUAL  (Duration: Year limited liability company will cease to
	(Date of Organization)	(Duration: Year limited liability company will cease to exist or "perpetual")
6.	. N/A	
	(Date first transacted business in Florid (See sections 608.501 & 608.502 F.S. to	da, if prior to registration.) determine penalty liability)
7.	1346 RACETRACK ROAD, #163 TAMPA FL 33	626
		五点
	(Street Address of	Principal Office)
8.	. If limited liability company is a manager-managed co	ompany, check here vine managers are as follows:
9.	. The name and usual business addresses of the manag	ing members or managers are as follows:
	JDG COKER LLC 1346 RACETRACK ROAD, #	#163 TAMPA FL 33626
		7
thx	<ol> <li>Attached is an original certificate of existence, no more than 90 day e jurisdiction under the law of which it is organized. (A photocopy is anslation of the certificate under oath of the translator must be submitt</li> </ol>	s not acceptable. If the certificate is in a foreign language, a
1 1	1. Nature of business or purposes to be conducted or p	romoted in Florida: HOME FURNISHINGS
	7- Jah AS falore.	prized representative of a member.
	Signature of a member or an author (In accordance with section 608.408(3), F.S., an affirmation under the penalties of perjury	the execution of this document constitutes
	Michael Antho	ony Stephens

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.

1. The name of	the Limited Liability Company is:	
	THE JOLLY-DE GANNES WORKSHOPPES LLC	
If unavailable, th	the alternate to be used in the state of Florida is:	
2. The name and	nd the Florida street address of the registered agent and office are:	
	Michael Anthony Stephens, THE STEPHENS FIRM, PLLC (Name)	F
	2202 N. WESTSHORE BLVD. SUITE 200  Florida Street Address (P.O. Box NOT ACCEPTABLE)	ה ה
	TAMPA FL 33607 City/State/Zip	الم
liability company agent and agree relating to the pr	med as registered agent and to accept service of process for the above stated limited by at the place designated in this certificate, I hereby accept the appointment as registered to act in this capacity. I further agree to comply with the provisions of all statutes roper and complete performance of my duties, and I am familiar with and accept the styposition as registered agent as provided for in Chapter 608, Florida Statutes.	ed

Filing Fee for Application

**Certified Copy (optional)** 

**Designation of Registered Agent** 

**Certificate of Status (optional)** 

\$ 100.00

\$ 25.00

\$ 30.00

5.00

PAGE 1

## Delaware

### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "THE JOLLY-DE GANNES WORKSHOPPES, 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 FIRST DAY OF JUNE, A.D. 2009.

4658594 8300

090569443

Jeffrey W. Bullock, Secretary of Stati

AUTHENT'LCATION: 7331874

DATE: 06-01-09