4090003533

Office Use Only



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08/13/09--01010--023 **160.00

09/03/09--01039--004 **1138.75

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COVER LETTER

TO:

TO:	Registration Section Division of Corporation	ns		
SUBJI	ECT:	Jason	Consultants, LLC	
		Nam	e of Limited Liability Company	
				ransact Business in Florida," Certificate of ty company to transact business in Florida
Please	return all correspondence	concerning this mat	ter to the following:	
			Robert S. Morrison	
			Name of Person	
		Ja	ason Consultants, LLC	
			Firm/Company	
		5	Parnassus Village Dr.	·
			Address	
			Granville, OH 43023	
			City/State and Zip Code	1
			norrison@jasonconsult.com be used for future annual report not	
For fu	ther information concerni	,	•	meation)
	Robert	S. Morrison	at (740)	504-1630
	Name	of Person	Area Code & Daytime Telephon	e Number
	MAILING ADDRESS Division of Corporation Registration Section P.O. Box 6327 Tallahassee, FL 32314	<u>:</u> 15	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	
Enclo	sed is a check for the	following amoun	t:	
	\$125.00 Filing Fee	\$130.00 Filing Certificate of		\$160.00 Filing Fee, Certificate of Status & Certified Copy



August 17, 2009

ROBERT S. MORRISON 5 PARNASSUS VILLAGE DRIVE GRANVILLE, OH 43023

SUBJECT: JASON CONSULTANTS, LLC

Ref. Number: W09000037081

We have received your document for JASON CONSULTANTS, 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):

Pursuant to section 607.1502(4), 617.1502(4) or 608.502(4), Florida Statutes, this office collects a civil penalty of \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification and the appropriate annual report fees that would have been due this office had the entity qualified the year it began operations in this state. The amount due this office to cover both annual report/uniform business report and penalty fees is \$1138.75.

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) 245-6967.

Letter Number: 609A00027859

Leslie Sellers Regulatory Specialist II

Division of Corporations - P.O. BOX 6327 - Tallahassae, Florida 32314

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:

1.	Jason Consultants, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC	.")	-
	Jason Consultants Group LLC	,	
con	f name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copunsent of the managers or managing members adopting the alternate name. The alternate name must include "Limite ompany," "L.L.C," "LLC.")		
2	State of Delaware 3. 3719804 (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable)		
((Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)		_
4.	October 27, 2003 (Date of Organization) 5. Perpetual (Duration: Year limited liability company will be a supple		
	(Date of Organization) (Duration: Year limited liability company will consist or "perpetual")	ase to	•
6.	2008		_
	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)		_
7.	1875 I Street, NW - Suite 500, Washington, DC 20006		
	(Street Address of Principal Office)		•
8.	If limited liability company is a manager-managed company, check here		
	The name and usual business addresses of the managing members or managers are as follows:		
	Robert S. Morrison - 5 Parnassus Village Dr., Granville, OH 43023		-
			
10		1	
	 Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custose jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign langu 	-	xorus in
tran	instation of the certificate under oath of the translator must be submitted.)		
11.	. Nature of business or purposes to be conducted or promoted in Florida:	9	•
	Professional Engineering Services	38	711
•	Tolut S Mayer	-8	F
	Signature of a member or an authorized representative of a member.	3	m
	(In accordance with section 608 408(3) F.S. the execution of this document constitutes		O
	an affirmation under the penaltics of perjury that the facts stated herein are true.) Robert S. Morrison	77	
	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.

Jason Consultants, LLC If unavailable, the alternate to be used in the state of Florida is: Jason Consultants Group LLC 2. The name and the Florida street address of the registered agent and office are: Robert S. Morrison (Name) 1114 Tuscany Blvd. Florida Street Address (P.O. Box NOT ACCEPTABLE) Venice, FLP34292 City/State/Zip
Jason Consultants Group LLC 2. The name and the Florida street address of the registered agent and office are: Robert S. Morrison (Name) 1114 Tuscany Blvd. Florida Street Address (P.O. Box NOT ACCEPTABLE) Venice, FLF34292
2. The name and the Florida street address of the registered agent and office are: Robert S. Morrison (Name) 1114 Tuscany Blvd. Florida Street Address (P.O. Box NOT ACCEPTABLE) Venice, FLF\$4292
Robert S. Morrison (Name) 1114 Tuscany Blvd. Florida Street Address (P.O. Box NOT ACCEPTABLE) Venice, FLF24292
(Name) 1114 Tuscany Blvd. Florida Street Address (P.O. Box NOT ACCEPTABLE) Venice, FLF 4292
1114 Tuscany Blvd. Florida Street Address (P.O. Box NOT ACCEPTABLE) Venice, FLF24292
Florida Street Address (P.O. Box NOT ACCEPTABLE) Venice, FLF34292
Venice, FLF84292
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.

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

(Signature)

FILED

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SECRETARY OF STATE

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "JASON CONSULTANTS, 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 TENTH DAY OF AUGUST, A.D. 2009.

3719804

090764533

AUTHENTICATION: 7465120

DATE: 08-10-09

Jeffrey W. Bullock, Secretary of State

090764533