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(Requestor's Name)	
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(City/State/Zip/Phone #)	
PICK-UP WAIT MAII	
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(Document Number)	
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Certified Copies Certificates of Status	

Special Instructions to Filing Officer:

L. SELLERS

OCT -2 2009

EXAMINER



Office Use Only



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09 OCT -1 AM 8: 43
SECRETARY OF STATE
TAIL AHASSEE FLORIDA

COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT:		ervices, LLC d/b/a Goverl	ine	
	Application by Foreign Limited Li	ability Company for Authorization to T	ransact Business in Florida," Certificate of ity company to transact business in Florida	
Please return all	correspondence concerning this r	natter to the following:		
		John A. Melia		
		Name of Person		
	JAMST/	AR Services, LLC d/b/a Gover	line	
		Firm/Company		
7255 Salisbury Road, Ste 5				
		Address		
		Jacksonville, FL 32256	 	
		City/State and Zip Code		
		nealy@jamstarservices.com (to be used for future annual report not	ification)	
For further infor	rmation concerning this matter, ple	·	,	
	Paula D. Shealy	at (904)	405-1201	
	Name of Person	Area Code & Daytime Telephon	e Number	
	ING ADDRESS: n of Corporations	STREET ADDRESS:		
	ation Section	Division of Corporations Registration Section		
P.O. Bo	ox 6327	Clifton Building		
Tallaha	ssee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301		
Enclosed is a	check for the following amo	ount:		
\$125	5.00 Filing Fee \$130.00 Fili		\$160,00 Filing Fee, Certificate	
	Certificate	of Status Certified Copy	of Status & Certified Copy	



September 8, 2009

JOHN A. MELIA 7255 SALISBURY ROAD, STE. 5 JACKSONVILLE, FL 32256

SUBJECT: JAMSTAR SERVICES, LLC

Ref. Number: W09000040240

We have received your document for JAMSTAR SERVICES, LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing an application and submitting the appropriate fees to this office.

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) 245-6967.

Leslie Sellers Regulatory Specialist II

Letter Number: 709A00029747

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

	JAMSTAR Services 1	I C			
(Nai	JAMSTAR Services, L me of Foreign Limited Liability Company; must include	"Limited Liability Company," "L.L.C.," o	r "LLC.'	")	-
onsent of	navailable, enter alternate name adopted for the purpose the managers or managing members adopting the alternation." "L.L.C," "LLC.")	of transacting business in Florida and attac ate name. The alternate name must include	h a copy "Limited	of the Liabi	- writ lity
	Delaware 3. 26-3948751 (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable)				
company	y is organized)	(FEI number, if applicable)			-
·	12/9/08 5. (Date of Organization)	Perpetual (Duration: Year limited liability company			
	(Date of Organization)	(Duration: Year limited liability company will cease to exist or "perpetual")			
None	as of 7/28/09				
	(Date first transacted business in Florid (See sections 608.501 & 608.502 F.S. to	da, if prior to registration.) determine penalty liability)			•
7255	Salisbury Road, Ste 5, Jacksonville, FL 32	256			
					•
	(Street Address of	Principal Office)			•
If limi	tad liability aammany is a managan managad as	ammanu ahaali hana [7]			
11 111111	ted liability company is a manager-managed co	ompany, check here			
The na	ame and usual business addresses of the manag	ing members or managers are as fol	lows:		
John	A. Melia, 7255 Salisbury Road Ste 5, Jack	rsonville. FL 32256			
	,			-	-
					•
	ed is an original certificate of existence, no more than 90 day ion under the law of which it is organized. (A photocopy is				
nslation (of the certificate under oath of the translator must be submitt	ed.)	G	6 -7	
Natin	re of business or purposes to be conducted or p	romoted in Florida:			
	·				•
	Government Procurement/Logistics	s/Transportation/Warehousing	ALC:	9	
			AH	CT	٦
		orized representative of a member.	ASS	<u> </u>	F
	(In accordance with section 608.408(3), F.S., an affirmation under the penalties of perjury		m <u>c</u>	2	
	To Molic	THE PARTY SHAPE THE SHAPE THE STATE OF	F[S]	ф Т	
	Typed or printed n		77	<u>:</u>	

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.

O

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)

FILED

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SECRETARY OF STATE

Delaware

PAGE :

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "JAMSTAR SERVICES, 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 SIXTEENTH DAY OF SEPTEMBER, A.D. 2009.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

4631795 8300

090860607

AUTHENTY CATION: 7530381

DATE: 09-16-09

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