# Pag 1 of lorida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

: (850)617-6383 Fax Number

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

: (850)222-1092

Phone Fax Number

: (850)878-5368

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

| B 1       | Address  |  |  |  |
|-----------|----------|--|--|--|
| P. 17 (2) | AMMTARRY |  |  |  |

### Foreign Limited Liability Company The JLS Agency, LLC

| Certificate of Status | 0        |
|-----------------------|----------|
| Certified Copy        | 0        |
| Page Count            | 05       |
| Estimated Charge      | \$125,00 |

S. HAWKES SEP 2 9 2010 **EXAMINER** 

### COVER LETTER

| TO:                | Registration Section<br>Division of Corporati   | ions  |  |   |                                  |  |  |
|--------------------|---|---|--|---|----------------------------------|--|--|
| SUBJE              | ict:  | 1   | The JLS Ag                                   | genoy, LLC  |                                  |  |  |
|                    |   | Na  | use of Lim                                   | ited Liability  | Company                          |  |  |
| The end<br>Existen | closed "Application by<br>ice, and check are subm   | Foreign Limited Lia<br>tilled to register the a | bility Comp<br>above refer                   | рипу for Auth<br>caccd foreign                                      | orization to T<br>limited Habili | ransact Business in Flori<br>Ity company to transact b | du," Certificate of usiness in Floridu |
| Please :           | return all corresponden   | ce concerning this m                            | atter to the                                 | following:  | •                                |  |  |
|                    |   |   | Nancy Rush                                   |   |                                  |  |  |
|                    |   |   | Na   | me of Person  |                                  | <u>-</u> -   | _                                      |
|                    |   |   | c/o The                                      | ILS Agency, 1   | LLC                              |  |  |
|                    |   |   | Fini√Contpany<br>1965 Waddle Road            |   |                                  |  |  |
|                    |   |   |  |   |                                  |  |  |
|                    |   |   | _  |   |                                  |  |  |
|                    |   |   |  | ilogo, PA 168   | <del>,_ ,, </del>                |  |  |
|                    |   |   | City/Ste                                     | nte and Zip Co  | rde                              |  |  |
|                    |   |   |  | ahunescorp.cc   |                                  |  | -                                      |
| For furt           | ther information concer   | E-mail address: (<br>ning this matter, plea     | •  | HOT LUIGITE BIR   | niai report noi                  | incrion  |  |
|                    | 1   | Vancy Rush                                      |  | at (814   |                                  | 278-7212   |  |
|                    | Nan   | ne of Person                                    | Area   | Code & Day  | ime Telephor                     | ie Number  |  |
|                    | MAILING ADDRES<br>Division of Corporation<br>Registration Section<br>P.O. Box 6327<br>Tallahassec, FL 32314 | ons   | Division<br>Registra<br>Clifton I<br>2661 Ex | TADDRESS of Corporation Section Building centive Cente see, FL 3230 | r Circle                         |  |  |
| Enclos             | ed is a check for th  | e following amou                                | ant:   |   |                                  |  |  |
| į                  | \$125.00 Filing Fee   | \$130.00 Filin<br>Certificate                   |  |   | Piling Fee &<br>stified Copy     | \$160.00 Filing Fee<br>of Status & Ce                  |  |

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

| LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STA  |  |
|--|--|
| (Name of Poreign Limited Liability Company; must include "   | y, LLC   |
| (Name of Pureign Limited Chounty Company; must include "   | Limited Liabulity Company," "L.L.C.," or "LLGS                               |
| If name unavailable, enter alternate name adopted for the purpose of   | fransueting husiness in Florida and uttach a conventional                    |
| consent of the thankyers or managing mainbers adopting the alternate   | name. The alternate name must include "Limited Eablity                       |
| Company,""L.L.C." "LLC.")  | i i i i i i i i i i i i i i i i i i i  |
| Pennsylvania 3.  | 26-0627228   |
| (Jurisdiction under the law of which foreign limited limbility company is organized)   | 26-0627228  (PEl number, if applicable)                                      |
| 4 March 3, 2010 5,   | parperual  |
| (Date of Organization)   | (Duration: Year limited liability company will cease to exist or "perpenal") |
| <u> </u>   | wise or feetheridi )   |
| Date first transacted business in Florida  | If prior to registration.)   |
| (See sections 608.501 & 608.502 P.S. to d  | etermine penalty liability)  |
| , 255 Alhambra Circle. Suite 415   |  |
|  |  |
| Coral Gables, FL 33134 (Street Address of Pr   | Indica (Altica)  |
| (piteet Virbitale of Li  | meight ottac)  |
| <ol> <li>If limited liability company is a manager-managed con</li> </ol>  | npany, check here 🔀  |
| ). The name and usual business addresses of the managin  | a members or managers are as follows:  |
| <del>-</del>   | E MANIGORA OF MENTAPARA DIE CO TOMONO.                                       |
| Justin Shaner, Manager   |  |
| 255 Alhambra Circle, Suite 415   |  |
|  |  |
| Coral Gables, FL 33134   |  |
|  |  |
| <ol> <li>Attached is an original certificate of existence, no more than 90 days one jurisdiction under the law of which it is expanized. (A photocopy is not</li> </ol>  |  |
| regularization of the certificate under outh of the translator must be submitted   |  |
| an enterent of the few responses on their control of the cold finished to the definition of the cold t | "'   |
| 1. Nature of business or purposes to be conducted or pro   | moted in Florida: advertising agency   |
|  |  |
|  | •  |
| lang H. R  | ush  |
| Signature of a member or an author   |  |
| (In accordance with section 608,408(3), P.S., the substitution under the penalties of parjury the  |  |
| Noncy H Rus  | <u></u>  |
| Typed of printed nan   |  |

## 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 JLS Agency, LLC

If unavailable, the alternate to be used in the state of Florida is:

2. The name and the Florida street address of the registered agent and office are:

CT Corporation System

(Name)

1200 South Pine Island Road

Florida Street Address (P.O. Box NOT ACCEPTABLE)

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.

City/State/Zip

By: Special Assistant Secretary

\$ 100,00 Filing Fee for Application \$ 25,00 Designation of Registered Agent \$ 30.00 Cortified Copy (aptional) \$ 5.00 Certificate of Status (aptional)

### COMMONWEALTH OF PENNSYLVANIA

#### DEPARTMENT OF STATE

**SEPTEMBER 28, 2010** 

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

10 SEP 28 PH 2: 37

I DO HEREBY CERTIFY THAT,

### THE JLS AGENCY, LLC

is duly organized as a Pennsylvania Limited Liability Company under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written.

Acting Secretary of the Commonwealth

Basil L. Merenda

Certification Number: 9027874-1
Verify this certificate online at http://www.corporations.state.pa.us/corp/soskb/verify.asp