# 1110000005755

(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
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Certified Copies Certificates of Status
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10 DEC 27 PH 1:56
SECRETARY OF STATE
PARLANASSEE, FLORIDA

J. BRYAN

DEC 28 2010

**EXAMINER** 

### **COVER LETTER**

TO: Registration Sec Division of Cor			
SUBJECT: Three	Quarter Jax, LL Nai	C me of Limited Liability Company	<del></del>
		bility Company for Authorization to Transact E bove referenced foreign limited liability compa	
Please return all correspo	ondence concerning this ma	atter to the following:	
Scott	Felske		-
		Name of Person	
Three	Quarter Jax, LLC		
<u></u>		Firm/Company	<del></del>
3801	Western Ave		SECOLO TE
	ville, Tennessee 3	City/State and Zip Code	27 PH 1:56
<u>mattr</u>	essman1@live.c	to be used for future annual report notification	5m
For further information of	concerning this matter, plea	•	'
Scott Felsi		<sub>at (</sub> 865 <u>)</u> 591-1662	
	Name of Person	Area Code & Daytime Telephone Number	r
MAILING AD Division of Cor Registration Sec P.O. Box 6327 Tallahassee, FL	porations ction	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	
\$125.00 Filing 1		ee & \$155.00 Filing Fee & \$160.00 F	Filing Fee, Certificate  & Certified Copy

## ' 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:

	WITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:						
1.	Three Quarter Jax LLC						
	(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")						
<u></u>							
(11 (00	name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written assent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability"						
Сс	ompany," "L.L.C," "LLC.")						
2.	Tennessee 3, 27-3397212						
•	(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)						
4.	September 3, 2010 5.						
	(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")						
5.	January 2011						
	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)						
_							
/.							
	Knoxville, TN 37921						
	(Street Address of Principal Office)						
3.	If limited liability company is a manager-managed company, check here						
	THE SE						
€.	9. The name and usual business addresses of the managing members or managers are as follows:						
	Scott Felske 2144 Missouri St Seymour, TN 37865 managing member						
	James Peele 3116 Preserve Landing Jacksonville, FL 32226 member						
	Vicki Peele 3116 Preserve Landing Jacksonville, FL 32226 member						
10.	Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in						
	jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a						
ra	nslation of the certificate under oath of the translator must be submitted.)						
1	. Nature of business or purposes to be conducted or promoted in Florida: retail bedding store						
	1/4///						
	- STEREBER						
	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						

document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Scott Felske

penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a

# 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:			
Three Quarter Jax 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:	SEE :	10	
James Peele		9	gr e
(Name)	AHASSEE	10 DEC 27 F	-
3116 Preserve Landing		-X	{ .
Florida Street Address (P.O. Box NOT ACCEPTABLE)	STATE FLORID	1:56	( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )
Jacksonville FL 32226	7.		
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.

James Rell (Signature)

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



## STATE OF TENNESSEE Tre Hargett, Secretary of State

Division of Business Services William R. Snodgrass Tower 312 Rosa L. Parks AVE, 6th FL Nashville, TN 37243-1102

SCOTT FELSKE

3801 WESTERN AVE

Knoxville, TN 37921

Request Type: Certificate of Existence/Authorization

Request #:

0027923

Issuance Date: 12/17/2010

Copies Requested:

December 17, 2010

**Document Receipt** 

Receipt #: 288373

Filing Fee:

\$20.00

Payment-Check/MO - DOUBLE EAGLE RETAIL PARTNERS, Knoxville, TN

\$20.00

Regarding:

THREE QUARTER JAX, LLC

Filing Type:

Limited Liability Company - Domestic

Charter/Qualification Date: 09/03/2010

Status:

Active

Duration Term: Perpetual

Control #:

Date Formed:

Formation Locale: Se

Inactive Date:

#### CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

#### THREE QUARTER JAX, LLC

- \* is a Limited Liability Company duly formed under the law of this State with a date of incorporation and duration as given above;
- \* is delinquent in the payment of one or more of the fees, taxes or penalties owed to the State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of this business.
- \* has appointed a registered agent and registered office in this State;
- \* has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Tre Hargett, Secretary of State **Business Services Division** 

Processed By: Sheila Keeling