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#### **COVER LETTER**

TO: Registration Section Division of Corporations				
SUBJECT: JNB Enterprises, LLC				
Name of Limited Liability Company				
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.				
Please return all correspondence concerning this matter to the following:				
John R. Brinson, Jr.				
Name of Person				
Brinson Law Firm, P.A.				
Firm/Company				
839 Kenilworth Terrace				
Address				
Orlando, FL 32803				
City/State and Zip Code				
johnb@brinsonlaw.com				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
John R. Brinson, Jr. at (407 ) 228-1985				
Name of Person Area Code & Daytime Telephone Number				
MAILING ADDRESS: STREET ADDRESS: Division of Corporations Division of Corporations				
Registration Section Registration Section				
P.O. Box 6327 Clifton Building				
Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301				
Enclosed is a check for the following amount:  \$125.00 Filing Fee \$\text{Certificate of Status}\$\$  Certificate of Status  \$155.00 Filing Fee \$\text{Certified Copy}\$\$  \$160.00 Filing Fee, Certificate of Status & Certified Copy}				

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

IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: JNB Enterprises, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C," "LLC.") 20-0201618 345 2. Arkansas 20-2021018 (Jurisdiction under the law of which foreign limited liability company is organized) 4, 9/5/03 perpetual (Duration: Year limited liability company will cease to (Date of Organization) exist or "perpetual") 6. None yet (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) 7, 744 Simstown Rd., Evening Shade, AR 72532 60 5E. Government St., Suite A, Pensacola, FL 32502 (Florida address) (Street Address of Principal Office) 8. If limited liability company is a manager-managed company, check here 9. The name and usual business addresses of the managing members or managers are as follows: Nora M. Jones; 744 Simstown Rd., Evening Shade, Arkansas 72532 10. Attached is an original certificate of existence, no morethan 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.) 11. Nature of business or purposes to be conducted or promoted in Flortda: Any lawful business Signature of a member or an authorized representative of a member.

Typed or printed name of signee

Susan Seamon

(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

FILED

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SECRETARY OF STATE

## 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 nam	ne of the Limited Liability Comp	pany is:
JNB E	nterprises, LLC	
	ole, the alternate to be used in th	e state of Florida is:
2. The nam	ne and the Florida street address	of the registered agent and office are:
	Susan Seamon	
		(Name)
	4615 N. Hale	
	Florida Street Ade	ress (P.O. Box <u>NOT</u> ACCEPTABLE)
	Tampa	<sub>FL</sub> 33614
		City/State/Zip
liability con agent and a relating to t	npany at the place designated in t gree to act in this capacity. I fur he proper and complete perform	to accept service of process for the above stated limited this certificate, I hereby accept the appointment as registered ther agree to comply with the provisions of all statutes ance of my duties, and I am familiar with and accept the at as provided for in Chapter 608, Florida Statutes.
	(Sign	asure)
	\$ 100.00 \$ 25.00	<i>v</i>
	\$ 30.00	Certified Copy (optional)
	€ € 00	Contificate of Status (antional)

## **Arkansas Secretary of State Mark Martin**

State Capitol Building • Little Rock, Arkansas 72201-1094 • 501.682.3409

#### CERTIFICATE OF GOOD STANDING

I, Mark Martin, Secretary of State of the State of Arkansas, and as such, keeper of the records of domestic and foreign corporations, do hereby certify that the records of this office show

### JNB ENTERPRISES, LLC

authorized to transact business in the State of Arkansas as a Limited Liability Company, filed Articles of Organization in this office September 10, 2003.

Our records reflect that said entity, having complied with all statutory requirements in the State of Arkansas, is qualified to transact business in this State.

In Testimony Whereof, I have hereunto set my hand and affixed my official Seal. Done at my office in the City of Little Rock, this 25th day of May 2011.

Morthcell

Mark Martin

Secretary of State

Libby Northcutt