# M12000001737

(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	ocument Number)	
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SECRETARY OF STATES WILLAHASSEE FLORIDA

> J. SAULSBERRY EXAMINER

MAR 28 2012

#### **COVER LETTER**

	tration Section ion of Corporations			
SUBJECT:	JMSBest Management, LLC			
	(Name of Lim	nited Liability Company)		
Florida," Cer		ability Company for Authorization to Tra ubmitted to register the above referenced		
Please return	all correspondence concerning this m	natter to the following:		
	Jian Zhong			
	(Na	nme of Person)		
	JMSBest Management, LLC			
	(Fig	rm/Company)		
	4 Briarwood Ct		2012 HAR 2 SECHETAR FALLAHASS	
		(Address)	IAR 26 ETARÝ HASSEI	
	Whippany NJ 07981			
	(City/St	tate and Zip Code)	9: -081 -081	aven in
For further in	nformation concerning this matter, ple	ease call:	Sh 12	
Jian	Zhong	at ( 908 ) 563-0463		
	(Name of Person)	(Area Code & Daytime Telephone	Number)	
Divis P.O. l	LING ADDRESS: ion of Corporations Box 6327 hassee, FL 32314	STREET ADDRESS: Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		
	check for the following amount: 5.00 Filing Fee \$\ \text{S130.00 Filing Fee & Certificate of }\]		ng Fee, Certific Status & Certifi	

### 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. JMSBest Management, 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 writte consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C.," "LLC.")
2. New Jersey  (Jurisdiction under the law of which foreign limited liability company is organized)  3. (FEI number, if applicable)
4. 03/13/2012 5 Perpetual
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")
6. Upon Filing
(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)
7. 4 Briarwood Ct., Whippany, NJ 07981
ASSET
(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:
Jian Zhong, 4 Briarwood Ct., Whippany, NJ 07981
Mei Dong, 4 Briarwood Ct., Whippany, NJ 07981
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records 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 eath of the translator must be submitted.)
11. Nature of business or purposes to be conducted or promoted in Florida:
Real estate
J. 3-6
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 penalties of perjury that the facts stated herein are true.)  Jian Zhong

Typed or printed name of signce

## 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 o	of the Limited Liability C	ompany is:			
JMSBest Mana	agement, LLC				
If name unavai	ilable, the alternate name	to be used in the state of Florida is:			
2. The name a	nd the Florida street addi	ress of the registered agent and office are:	-SEC	20121	
Jian Zhong		AH,			
		(Name)	VSSEE	ου (2)	fass and f
		1110 Nicki Ridge CT		亖	1
	Florida Street	t Address (P.O. Box NOT ACCEPTABLE)	TATE	9: <u> </u> 2	**
	Kissimmee	FI 34747	-		
		City/State/Zip	-		
liability compar agent and agree relating to the p	ny at the place designated e to act in this capacity. I proper and complete perfo	and to accept service of process for the above s I in this certificate, I hereby accept the appoint I further agree to comply with the provisions of ormance of my duties, and I am familiar with a agent as provided for in Chapter 608, Florida S	nent as re all statut nd accept	egister es	ed

Filing Fee for Application Designation of Registered Agent

**Certified Copy (optional)** 

Certificate of Status (optional)

\$ 100.00

\$ 25.00

\$ 30.00

\$ 5.00

## STATE OF NEW JERSEY DEPARTMENT OF THE TREASURY SHORT FORM STANDING

#### JMSBEST MANAGEMENT, LLC 0400478537

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Limited Liability Company was registered by this office on March 13, 2012.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify the registered agent and registered office are:

Jian Zhong 4 Briarwood Ct Whippany, NJ 07981

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Certificate Number: 124236392

Verify this certificate online at

http://www1.state.nj.us/TYTR\_StandingCert/JSP/Verity\_Cert.jsp

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 16th day of March, 2012

Andrew P Sidamon-Eristoff

State Treasurer

2012 MAR 26 AM 9: 12 PALLAHASSE OF STATE