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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
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MAS BUTTER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: JJA Distributors, 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:
Kevin Altman Name of Person
Name of Person
JJA Distributors, LLC Firm/Company
Firm/Company
10226 Doncastle Court
Address
Mechanicsville, Va. 23116
Mechanicsville, Va. 23116 City/State and Zip Code Test To The Code
E-thail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Lynda T-leming at (804) 730 - 4880 Name of Person Area Code & Daytime Telephone Number
Name of Person Area Code & Daytime Telephone Number
MAILING ADDRESS: STREET ADDRESS:
Division of Corporations Registration Section Division of Corporations 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 □ \$130.00 Filing Fee & □ \$155.00 Filing Fee & □ \$160.00 Filing Fee, Certificate
Certificate of Status Certified Copy of Status & Certified Copy
#25.00
#25.00 added 6/24/13

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. JA Distributors, Lic. (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.")
2. VIRGINIA (Jurisdiction under the law of which foreign limited liability company is organized) 3. OI- 0616537 (FEI number, if applicable)
4. March 29 2012 (Date of Organization) 5. Perpetual (Duration: Year limited liability company will cease to exist or "perpetual")
6. (Date first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability) 7. 10226 Doncostle Court Mechanicsville, Va. 23114 (Street Address of Principal Office)
Mechanicsville, Va. 23114
(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: Kevin Altman, 10226 Doneastle Court Mechanicsville, Va. 23116
10. Attached is an original certificate of existence, no more than 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 Florida:
Marketing & Distribution of Tobacco Products
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. 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.)
Kevin Altman 5-17-13
Typed or printed name of signee Resubmitted 6-25-13

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	e of the Limited Liabilit	ty Company is:	
	JA DistriL	butors Lic	
	·	sed in the state of Florida is:	<u>ं</u>
2. The nam	e and the Florida street	address of the registered agent and office are:	28
		C T Corporation System	F 1
		(Name)	20 10 10 10 10 10 10 10 10 10 10 10 10 10
		1200 South Pine Island Road	
	. Florida	Street Address (P.O. Box NOT ACCEPTABLE)	-
į	Plantation	FI. 33324	•
:		City/State/Zip	•
liability com registered a statutes rela accept the o	npany at the place design gent and agree to act in ting to the proper and co	gent and to accept service of process for the above a nated in this certificate, I hereby accept the appoint this capacity. I further agree to comply with the promplete performance of my duties, and I am familia a as registered agent as provided for in Chapter 60	ment as rovisions of all ar with and
• •	Λ CT Corporat	ion System	

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

Vice President & Assistant Secretary

WRITTEN CONSENT TO ADOPT ALTERNATE NAME FOR USE IN THE STATE OF FLORIDA

We, the undersigned, do hereby certify that we are the Managers and/or Managing
Members of JA Distributors, LLC (Name of Limited Liability Company)
a limited liability company duly organized and existing under the laws of
VIRGINIA (State or Country of Organization)
Because the name of this foreign limited liability company does not satisfy the
requirements of the s. 608.406, F.S., the limited liability company hereby adopts the
following name to transact business in the state of Florida:
(Name to be used by limited liability company in Florida. NOTE: Name must end with Limited Liability Company, L.L.C., or LLC.)
Date: 6-7-13
Signature(s) of Manager(s) and/or Managing Member(s):
A. Kevin Altman -

Common brealth of Hirginia



State Corporation Commission

CERTIFICATE OF FACT

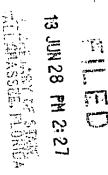
I Certify the Following from the Records of the Commission:

That JJA Distributors, LLC is duly organized as a limited liability company under the law of the Commonwealth of Virginia;

That the date of its organization is March 29, 2012; and

That the limited liability company is in existence in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.



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Signed and Sealed at Richmond on this Date: May 6, 2013

Joel H. Peck, Clerk of the Commission

SCC eFile

ARTICLES OF ORGANIZATION OF JJA DISTRIBUTORS, LLC

The undersigned, pursuant to Chapter 12 of Title 13.1 of the Code of Virginia, states as follows:

- 1. The name of the limited liability company is JJA Distributors, LLC.
- The purpose for which the limited liability company is formed is to engage in any lawful business, purpose or activity for which a limited liability company may be formed under the Virginia Limited Liability Company Act.
- 3. The name of the limited liability company's initial registered agent is Alfred Kevin Altman. The initial registered agent is an individual who is a resident of Virginia and a member or manager of the limited liability company.
- 4. The address of the limited liability company's initial registered office, which is identical to the business office of the initial registered agent, is 10226 Doncastle Court, Mechanicsville, VA 23116. The initial registered office is located in Hanover County, Virginia.
- 5. The address of the limited liability company's principal office where the records of the limited liability company are to be kept is 10226 Doncastle Court, Mechanicsville, VA 23116.

ORGANIZER:

/s/ A. Kevin Altman Date: March 29, 2012

A. Kevin Altman

