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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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SECRETARY OF STATE ALLAHASSEE, FLORIDA

FEB 1 4 2013 T. HAMPTON

COVER LETTER ...

TO:

Registration Section

-1

Div	ision of Corporations
SUBJECT:	Jola LLC
	Name of Limited Liability Company
	I "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of 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:
	Ted Jeczalik
	Name of Person
	Jola LLC
	Firm/Company
	P.O. Box 248
	Address
	Port Richey, FL 34673
	City/State and Zip Code
	orders@biznet1.com
	E-mail address: (to be used for future annual report notification)
For further in	nformation concerning this matter, please call:
Те	d Jeczalik945-3815
	Name of Person Area Code Daytime Telephone Number
Div Reg P.O	AILING ADDRESS: ision of Corporations distration Section Box 6327 Idhassee, FL 32314 Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
	s a check for the following amount: \$125.00 Filing Fee \$\Bigsup \\$130.00 Filing Fee & \Bigsup \\$155.00 Filing Fee & \Bigsup \\$160.00 Filing Fee, Certificate of Status Certified Copy of Status & Certified Copy



January 15, 2014

TED JECZALIK P O BOX 248 PORT RICHEY, FL 34673

SUBJECT: JOLA LLC

Ref. Number: W14000002900

We have received your document for JOLA LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The certificate of existence must be issued within the last 90 days by the Secretary of State which has custody of the records in the jurisdiction under the laws of which the above listed entity is incorporated/organized.

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.", also are no longer acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammy Hampton Regulatory Specialist III

Letter Number: 214A00001039

Jola LLC

P.O. Box 248, Port Richey, FL 34673

Written Consent of Managers adopting alternative name of Jola LLC for transactions in Florida.

On January 2nd, 2014 it was voted that Jola LLC can use alternative name for the state of Florida. This is consent to use alternative name for Jola LLC as Jola Services LLC in Florida.

Signature of authorized person

General Manager

2014 FEB 13 AM 10: 57
SECRETARY OF STATE
SECRETARY OF STATE

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: Jola 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.") Wyoming (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 9117 Richwood Lane Port Richey, FL 34668 (Street Address of Principal Office) P.O. Box 248 Port Richey, FL 34673 (Mailing Address) 7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Ted Jeczalik, Manager Jolanta Damec, Secretary 8. 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.) Signature of an authorized person (In accordance with section 605.0203, 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.)

Typed or printed name of signee

Ted Jeczalik

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), 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:
Jola LLC
If unavailable, the alternate to be used in the state of Florida is: Jola Services LLC
2. The name and the Florida street address of the registered agent and office are: Ted Jeczalik
(Name)
9117 Richwood Lane
Florida Street Address (P.O. Box NOT ACCEPTABLE)
Port Richey FL 34668 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 605, Florida Statutes.

(Signature)

\$ 100.00 Filing 1

Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

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STATE OF WYOMING Office of the Secretary of State

I, MAX MAXFIELD, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

Jola LLC

is a **Limited Liability Company**

formed or qualified under the laws of Wyoming did on **July 26, 2013**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2013-000647463**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 28th day of January, 2014 at 9:13 AM. This certificate is assigned 015007820.



Mas Massiello
Secretary of State

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website http://wyobiz.wy.gov and following the instructions displayed under Validate Certificate.