

M14000003308

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

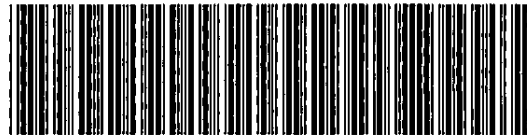
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2014 MAY -5 PM 3:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: JJKW L.L.C.**  
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:

**STACY WEMPE**

Name of Person

**SPRING HILL ANIMAL CLINIC**

Firm/Company

**1377 ANDERSON SNOW ROAD**

Address

**SPRING HILL, FLORIDA 34609**

City/State and Zip Code

**SWEMPE@TAMPABAY.RR.COM**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**STACY WEMPE**

Name of Contact Person

**352**

Area Code

**799-7650**

Daytime Telephone Number

**MAILING ADDRESS:**

Division of Corporations  
Registration Section  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**

Division of Corporations  
Registration Section  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee    ☒ \$130.00 Filing Fee & Certificate of Status    ☐ \$155.00 Filing Fee & Certified Copy    ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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TALLAHASSEE, FLORIDA  
CLERK OF STATE

STACY WEMPE  
SPRING HILL ANIMAL CLINIC  
1377 ANDERSON SNOW ROAD  
SPRING HILL, FLORIDA 34609  
SWEMPE@TAMPABAY.RR.COM

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO  
TRANSACTION BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A  
FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:*

1. JKKW L.L.C.

(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. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. STATE OF LOUISIANA

(Jurisdiction under the law of which foreign limited liability  
company is organized)

3. \_\_\_\_\_

(FEI number, if applicable)

4. \_\_\_\_\_

(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 4464 HIGHLAND ROAD #205

BATON ROUGE, LOUISIANA 70808

(Street Address of Principal Office)

6. 4464 HIGHLAND ROAD #205

BATON ROUGE, LOUISIANA 70808

(Mailing Address)

7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

DAVID J. WEMPE

MEMBER

ADDRESS ABOVE

JOSHUA R. WEMPE

MEMBER

ADDRESS ABOVE

KATHERINE A. WEMPE

MEMBER

ADDRESS ABOVE

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.)

STACY WEMPE

Typed or printed name of signee

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TALLAHASSEE FLORIDA

**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:

**JKKW L.L.C.**

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:

**STACY WEMPE**

(Name)

**1377 ANDERSON SNOW ROAD**

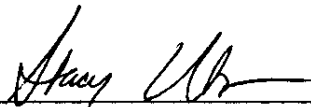
Florida Street Address (P.O. Box NOT ACCEPTABLE)

**SPRING HILL**

**FL 34609**

City/State/Zip

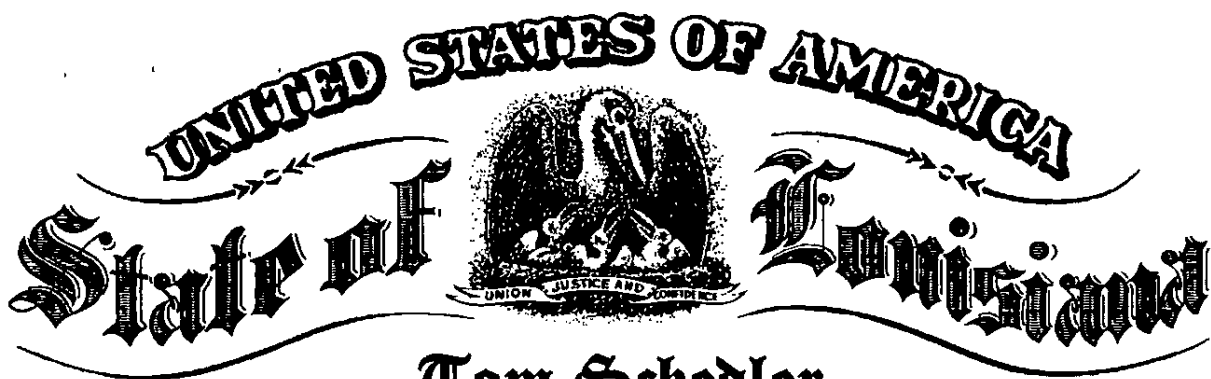
*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all 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 Fee for Application
\$ 25.00	Designation of Registered Agent
\$ 30.00	Certified Copy (optional)
\$ 5.00	Certificate of Status (optional)

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CLERK OF STATE  
TALLAHASSEE, FLORIDA



**Tom Schedler**

**SECRETARY OF STATE**

*As Secretary of State of the State of Louisiana I do hereby Certify that*

a copy of the Articles of Organization and Initial Report of

**JJKW L.L.C.**

Domiciled at BATON ROUGE, LOUISIANA,

Was filed and recorded In this Office on April 10, 2014,

And all fees having been paid as required by law, the limited liability company is authorized to transact business in this State, subject to the restrictions imposed by law, including the provisions of R.S. Title 12, Chapter 22.

In testimony whereof, I have hereunto set my hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on,

April 10, 2014

*Secretary of State*

WEB 41487160K



Certificate ID: 10480630#42N83

To validate this certificate, visit the following web site, go to **Commercial Division, Certificate Validation**, then follow the instructions displayed.  
[www.sos.louisiana.gov](http://www.sos.louisiana.gov)