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(Re	equestor's Name)			
(Address)				
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(City/State/Zip/Phone #)				
PICK-UP	MAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				
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MAY 1 6 2013 **T. HAMPTON**

COVER LETTER

TO:

Registration Section Division of Corporations

CJ Commercial Properties, LLC.

Certificate of Status

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 ma	atter to the following:	
Joseph Ross		
	Name of Person	
CJ Commercial	Properties	
	Firm/Company	
925 Casey Cov	e Drive	
	Address	
Nokomis, Florid	la 44275	
	City/State and Zip Code	
JJ111R@aol.co	om	
E-mail address:	(to be used for future annual rep	ort notification)
For further information concerning this matter, plea	se call:	
Joseph Ross	_{at (} 216	338-7773
Name of Contact Person	Area Code	Daytime Telephone Number
MAILING ADDRESS: Division of Corporations	STREET ADDRESS: Division of Corporations	
Registration Section	Registration Section	
P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circ Tallahassee, FL 32301	cle
Enclosed is a check for the following amou	ınt:	
□ \$125.00 Filing Fee □ \$130.00 Filin		Fee & \$160.00 Filing Fee, Cert

Certified Copy

of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE Division of Corporations

April 23, 2014

JOSEPH ROSS CJ COMMERCIAL PROPERTIES 925 CASEY COVE DR NOKOMIS. FL 34275

SUBJECT: CJ COMMERCIAL PROPERTIES LLC

Ref. Number: W14000025772

We have received your document for CJ COMMERCIAL PROPERTIES 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):

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), AuthorizedPerson (AP), or Authorized Representative (AR).

Pursuant to section 607.1502(4), 617.1502(4) or 605.0904(7), Florida Statutes, this office collects a civil penalty of \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification and the appropriate annual report/uniform business report fees that would have been due this office had the entity qualified the year it began operations in this state. The amount due this office to cover both annual report/uniform business report and penalty fees is \$1,443.75.

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: 814A00008676

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

(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 alternational Liability Company," "L.L.C," or "LLC.")	ate name must include "Li	mited
_{2.} Ohio _{3.} 32-0109173		
(Jurisdiction under the law of which foreign limited liability (FEI number, if ap company is organized)	pplicable)	_
_{4.} May 1, 2014		
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)	-1 ~2	
_{5.} 6205 Diana Court	2014 F	
Highland Heights, Ohio 44143	26 4	_ i i
(Street Address of Principal Office) 6. 925 Casey Cove Drive	SECTION PR	
Nokomis, Florida 34275	NOT F. F.	
(Mailing Address)	D:13 (9)	
7. The name, title or capacity and address of the person(s) who has/have authority to	o manage is/are:	
Joseph J. Ross, member : Janice Wade, managir	ng member	_
925 Casey Cove Drive		_
Nokomis, Florida 34275		_
8. Attached is an original certificate of existence, no more than 90 days old, duly authaving 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.)

Joseph J. Ross

Typed or printed name of signee

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.

	e of the Limited Liability Company is: nmercial Properties, LLC.	
lf unavailable,	le, the alternate to be used in the state of Florida is:	
2. The name a	e and the Florida street address of the registered agent and of	ffice are:
	Joseph J. Ross	
	(Name)	
	925 Casey Cove Drive	
	Florida Street Address (P.O. Box NOT ACCEPTABLE	
	Nokomis, Flroida FL 34275	
	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.

Joseph Ross (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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SECRETARY OF STATE

UNITED STATES OF AMERICA STATE OF OHIO OFFICE OF THE SECRETARY OF STATE

I, Jon Husted, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show CJ COMMERCIAL PROPERTIES LLC., an Ohio Limited Liability Company, Registration Number 1455595, was organized within the State of Ohio on May 1, 2004, is currently in FULL FORCE AND EFFECT upon the records of this office.



Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 24th day of January, A.D. 2014.

Ohio Secretary of State

Validation Number: 201402400870