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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

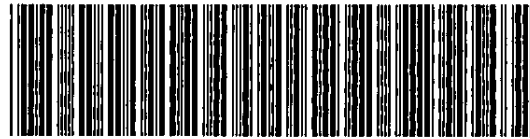
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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14 AUG 25 PM 4:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SEP 02 2014

S. YOUNG

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: J.H.LEE ASSET MANAGEMENT, 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:

**JOHNNY LEE**

Name of Person

**J.H.LEE ASSET MANAGEMENT, LLC**

Firm/Company

**6118 SE SPLIT OAK TRAIL**

Address

**HOBE SOUND, FL 33455**

City/State and Zip Code

**jhleemanagement@gmail.com**

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

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14 AUG 25 PM 4:50  
SECRET  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

**Johnny Lee**

Name of Contact Person

**561**

Area Code

**215-7200**

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

**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. **J.H.LEE ASSET 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. The alternate name must include "Limited Liability Company," "L.L.C." or "LLC.")

2. **DELAWARE**

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

3. **47-1345008**

(FEI number, if applicable)

4. **7/3/2014**

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

5. **6118 SE SPLIT OAK TRAIL**

**HOBE SOUND, FL 33455**

(Street Address of Principal Office)

6. **6118 SE SPLIT OAK TRAIL**

**HOBE SOUND, FL 33455**

(Mailing Address)

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

**JOHNNY LEE, MANAGING MEMBER**

**6118 SE SPLIT OAK TRAIL**

**HOBE SOUND, FL 33455**

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.)

**JOHNNY LEE**

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.

1. The name of the Limited Liability Company is:

**J.H.LEE ASSET MANAGEMENT, LLC**

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:

**JOHNNY LEE**

(Name)

**6118 SE SPLIT OAK TRAIL**

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

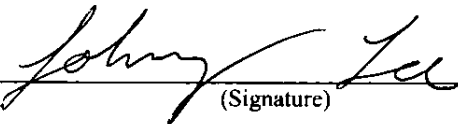
**HOBE SOUND**

**33455**

**FL**

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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14 AUG 25 PM 4:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

# Delaware

PAGE 1

*The First State*

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED ARE TRUE AND CORRECT COPIES OF ALL DOCUMENTS ON FILE OF "J.H.LEE ASSET MANAGEMENT, LLC" AS RECEIVED AND FILED IN THIS OFFICE.

THE FOLLOWING DOCUMENTS HAVE BEEN CERTIFIED:

CERTIFICATE OF FORMATION, FILED THE THIRD DAY OF JULY, A.D. 2014, AT 9:40 O'CLOCK A.M.

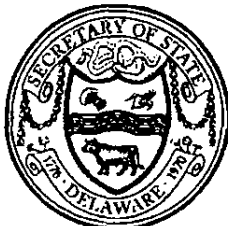
AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CERTIFICATES ARE THE ONLY CERTIFICATES ON RECORD OF THE AFORESAID LIMITED LIABILITY COMPANY, "J.H.LEE ASSET MANAGEMENT, LLC".

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14 AUG 25 PM 4:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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You may verify this certificate online  
at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)



  
Jeffrey W. Bullock, Secretary of State  
AUTHENTICATION: 1576008

DATE: 07-29-14

State of Delaware  
Secretary of State  
Division of Corporations  
Delivered 09:40 AM 07/03/2014  
FILED 09:40 AM 07/03/2014  
SRV 140917480 - 5563555 FILE

STATE *of* DELAWARE  
LIMITED LIABILITY COMPANY  
CERTIFICATE *of* FORMATION

J.H.Lee Asset Management, LLC

**FIRST.** The name of the limited liability company is J.H.Lee Asset Management, LLC

**SECOND.** The address of its registered office in the State of Delaware is 1521 Concord Pike, #301, Wilmington, DE 19803, County of New Castle. The name of its Registered agent at such address is United States Corporation Agents, Inc.

**IN WITNESS WHEREOF,** the undersigned has executed this Certificate of Formation on the date below.

Date: July 2, 2014

/s/ Cheyenne Moseley

LegalZoom.com, Inc., Organizer

By: Cheyenne Moseley, Assistant Secretary

FILED  
14 AUG 25 04 46 53  
SECRETARY OF STATE  
TALLAHASSEE, FL 32304



August 13, 2014

Johnny Lee  
J.H.Lee Asset Management, LLC  
6118 SE Split Oak Trail  
Hobe Sound, Florida 33455

Order # 35806018

Dear Johnny Lee:

Thank you for ordering your Certified Copy from LegalZoom. Your document is enclosed in this package. Please file with your company records.

Thank you again for choosing LegalZoom. We look forward to serving your legal document needs in the future. If you should have any questions concerning your document, please contact us at [customercare@legalzoom.com](mailto:customercare@legalzoom.com).

Sincerely,

***The LegalZoom Team***

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