

# M14000008820

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(City/State/Zip/Phone #)

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K. BALLY  
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**HAWKINS AND COMPANY, LLC**

ATTORNEYS AND COUNSELORS AT LAW

1267 WEST 9TH STREET, SUITE 500

CLEVELAND, OHIO 44113-1064

(216) 861-1365

FAX: (216) 861-0714

December 2, 2014

**Florida Division of Corporations**

**Registration Section**

PO Box 6327

Tallahassee, Florida 32314

Ladies and Gentlemen:

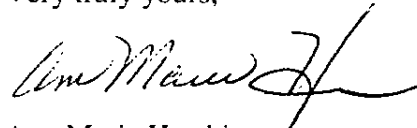
Enclosed for submission please find an Application for License to do Business in Florida for JCRS Limited Liability Company, an Ohio limited liability company. Enclosed please also find a Certificate of Good Standing from the Ohio Secretary of State.

Enclosed please also find a check in the amount of One Hundred Twenty-Five Dollars (\$125.00) made payable to the "Florida Department of State" for the filing fee.

Please file the Application and provide evidence of the filing at your earliest convenience.

Thank you for your assistance in this matter.

Very truly yours,



Ann Marie Hawkins

AMH:dsz

Enclosures

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*CIRCULAR 230 NOTICE: IRS RULES OF PRACTICE REQUIRE US TO INFORM YOU THAT TO THE EXTENT THIS COMMUNICATION, INCLUDING ATTACHMENTS, MENTIONS ANY FEDERAL TAX MATTER, IT IS NOT INTENDED OR WRITTEN, AND CANNOT BE USED, FOR THE PURPOSE OF AVOIDING FEDERAL TAX PENALTIES. IN ADDITION, THIS COMMUNICATION MAY NOT BE USED BY ANYONE IN PROMOTING, MARKETING OR RECOMMENDING THE TRANSACTION OR MATTER ADDRESSED HEREIN.*

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: JCRS LIMITED LIABILITY COMPANY**

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:

**Ann Marie Hawkins**

Name of Person

**Hawkins and Company, LLC**

Firm/Company

**1267 West 9th Street, Suite 500**

Address

**Cleveland, Ohio 44113**

City/State and Zip Code

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

For further information concerning this matter, please call:

**Daniel Zulantt**

Name of Contact Person

at ( **216** ) **861-1365**

Area Code

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. **JCRS LIMITED LIABILITY COMPANY**

(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. **Ohio**

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

3. **938509**

(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. **17045 Porta Vecchio Way, #102**

**Naples, Florida 34110**

(Street Address of Principal Office)

6. **17045 Porta Vecchio Way, #102**

**Naples, Florida 34110**

(Mailing Address)

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

**Jeannette C. Rohn Showalter, Manager**

**17045 Porta Vecchio Way, #102**

**Naples, Florida 34110**

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.)

**Jeannette C. Rohn Showalter**

Typed or printed name of signee

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20 DEC -3 PM 4:06  
SECRETARY OF STATE  
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:

**JCRS LIMITED LIABILITY COMPANY**

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:

**Jeannette C. Rohn Showalter**

(Name)

**17045 Porta Vecchio Way, #102**

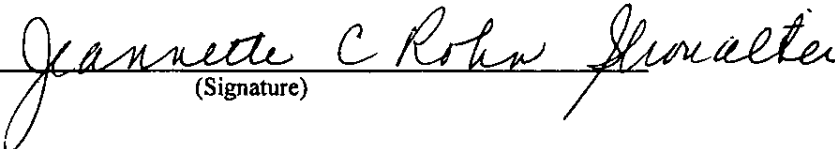
Florida Street Address (P.O. Box NOT ACCEPTABLE)

**Naples**

**FL 34110**

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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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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 JCRS LIMITED LIABILITY COMPANY, an Ohio Limited Liability Company, Registration Number 938509, was organized within the State of Ohio on April 11, 1996, 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 21st day of November, A.D. 2014.*

*Jon Husted*

Ohio Secretary of State

Validation Number: 201432500450