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(F	Requestor's Name)	
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(0	City/State/Zip/Phone #)	
PICK-UP	WAIT MAIL	
(E	Business Entity Name)	
(0	Document Number)	
Certified Copies	Certificates of Status	
Special Instructions t	to Filing Officer:	
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COVER LETTER

TO: Registration Section **Division of Corporations**

Jameson Ventures, 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..

P

Please return all correspondence of	oncerning this ma	tter to the fo	llowing:					
Kim Be	rtz							
	· • ·	Nam	e of Person	•			_	
Liberis	Law Firn						_	
		Firm	/Company					
212 W.	Intende	ncia S	Street					
<u>. — . </u>		F	Address				_	
Pensac	ola, FL 3	32502	•					
		City/State	e and Zip Code					
register	edagent	_		_		で治	ज	
	E-mail address:	(to be used fo	or future annual rep	ort notification	on)	监禁		
For further information concerning	g this matter, pleas	se call:					>	
Ben Alexar	nder		850 at (438-	9647			
Name o	f Contact Person		Area Code	Daytir	ne Telephone	Number	 स (त	
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314		Division of Registration Clifton Bu 2661 Exec	ADDRESS: of Corporations on Section hilding cutive Center Circles, FL 32301	cle		25.711	1, p 1	
Enclosed is a check for the f □ \$125.00 Filing Fee	ollowing amou \$130.00 Filing Certificate of	g Fee &	□ \$155.00 Filing Certified Cop		□ \$160.00 F of Status	_		

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:

1. Jameson Ventures, LLC	
(Name of Foreign Limited Liability Company; must include "Limited Liability Comp	pany," "L.L.C.," or "LLC.")
If name unavailable, enter alternate name adopted for the purpose of transacting business in Florid iability Company," "L.L.C," or "LLC.")	la. The alternate name must include "Limited
_{2.} Wyoming _{3.}	
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI	number. if applicable)
4.	
(Date first transacted business in Florida, if prior to registrati (See sections 605.0904 & 605.0905, F.S. to determine penalty li	on.) iability)
5. 212 W. Intendencia Street	
Pensacola, FL 32502	
(Street Address of Principal Office)	
212 W. Intendencia Street	
Pensacola, FL 32502	
(Mailing Address)	
7. The name, title or capacity and address of the person(s) who has/have a	authority to manage is/are:
Robert M. Ardis, Member, 212 W. Intendencia St	treet, FL 32502
Robert K. Files, Member, 212 W. Intendencia Str	eet, FL 325027
8. Attached is an original certificate of existence, no more than 90 days old having custody of records in the jurisdiction under the law of which it is or acceptable. If the certificate is in a foreign language, a translation of the ce	ganized. (A photocopy is not
must be submitted)	·, . · · · · · · · · · · · · · · · · · ·
Signature of an authorized person	and the second s
In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the im aware that any false information submitted in a document to the Department of State constitutes a third deg	

Typed or printed name of signee

Benjamin L. Alexander

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 Co	_	
If unavailab	le, the alternate to be used in	the state of Florida is:	
2. The name	e and the Florida street addre	ss of the registered agent and office are:	
	Benjamin L. A	lexander	
		(Name)	_
	212 W. Intend	encia Street	
	Florida Street	Address (P.O. Box NOT ACCEPTABLE)	_
	Pensacola	FL 32502	

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.

City/State/Zip

(Signature)

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

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,

Jameson Ventures, LLC is a Limited Liability Company

formed or qualified under the laws of Wyoming did on **December 17, 2014**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2014-000677727**.

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 17th day of December, 2014 at 3:05 PM. This certificate is assigned 016846830.



Mas Massiell 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.