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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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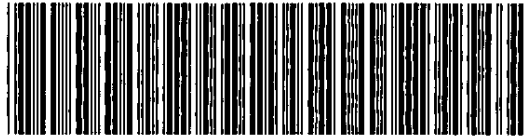
(Business Entity Name)

(Document Number)

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2015 APR 13 PM 2:32  
TALLAHASSEE, FL

N. Culligan APR 23 2015

**COVER LETTER**

TO: Registration Section  
Division of Corporations

SUBJECT: LYN JON 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:

JON E. CHRISTENSEN  
Name of Person

2243 MAIN ST POB 74  
Firm/Company  
Address

Quechee VT 05059  
City/State and Zip Code

LYN JON LLC @ 9mail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jon/LYNDA CHRISTENSEN at 802 295-5402  
Name of Contact Person 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. LYN JON 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. VERMONT 3. 83-036-8796  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. NONE IS YET  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 637 BEACHWALK CIR E 204  
(Street Address of Principal Office)

6. Naples, FL 34108  
SOME  
(Mailing Address)

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

JON E CHRISTENSEN / LYNDA J CHRISTENSEN  
SOME ADDRESS

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)

Jon E Christensen  
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.)

JON E, CHRISTENSEN  
Typed or printed name of signee

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**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:

LYN JON LLC

If unavailable, the alternate to be used in the state of Florida is:

Same

2. The name and the Florida street address of the registered agent and office are:

JON CHRISTENSEN  
(Name)

637 Beachwalk Cir E-204  
Florida Street Address (P.O. Box NOT ACCEPTABLE)

Naples FL 34108  
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.*

Jon E Christensen  
(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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STATE OF VERMONT  
OFFICE OF SECRETARY OF STATE

Certificate of Good Standing

I, James C. Condos, Vermont Secretary of State, do hereby certify that according to the records of this office

LYNJON, LLC

a Domestic Limited Liability Company formed under the laws of the State of VERMONT, was filed for record in this office on Aug 25, 2003.

I further certify that the company has perpetual duration, that its most recent annual report is on file, and that as of this date, articles of dissolution / withdrawal have not been filed.

March 09, 2015

Given under my hand and the seal of the State of Vermont, at Montpelier, the State Capital.



*James C. Condos*

James C. Condos  
Vermont Secretary of State

Business ID: 0000665  
Certificate Number: 2013144403001