

MIS000005970

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

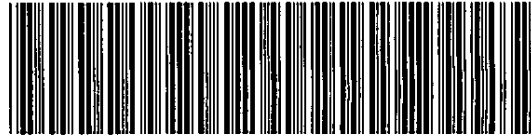
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400275435744

07/27/15--01046--009 **160.00

CLERK OF STATE
TALLAHASSEE, FLORIDA

2015 JUL 27 AM 9:24

FILED

JUL 29 2015
Y SULKER

COVER LETTER

**TO: Registration Section
Division of Corporations :**

SUBJECT: LAW OFFICES OF DAVID JAKEMAN, PLLC, 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:

DAVID A JAKEMAN

Name of Person

LAW OFFICES OF DAVID JAKEMAN, PLLC, LLC

Firm/Company

68-1903B KOIULA PLACE

Address

WAIKOLOA, HI 96738

City/State and Zip Code

david@beaconimmigration.com

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

For further information concerning this matter, please call:

DAVID A JAKEMAN

509 551-3923
at ()

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 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. LAW OFFICES OF DAVID JAKEMAN, PLLC, LLC

(Name of Foreign Limited Liability Company: must include "Limited Liability Company," "L.L.C.," or "LLC.")

LAW OFFICES OF DAVID JAKEMAN, 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. WASHINGTON STATE

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

3. 46-4766839

(FEI number, if applicable)

4. N/A

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

5. _____

8900 SW 117th Ave., Suite B-201 Miami, FL 33186

(Street Address of Principal Office)

6. 8900 SW 117th Ave., Suite B-201 Miami, FL 33186

(Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Juan J. Theurer

Office Address: 8900 SW 117th Ave., Suite B-201

Miami, Florida 33186

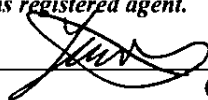
(City)

(Zip code)

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

X



(Registered agent's signature)

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

DAVID A JAKEMAN, MANAGER

68-1903B KOIULA PLACE

WAIKOLOA, HI 96738

9. Attached is a 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. (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

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

DAVID A JAKEMAN

Typed or printed name of signee

FILED
2015 JUL 27 AM 8:14
CLERK OF CIRCUIT COURT
TALLAHASSEE, FL

UNITED STATES OF AMERICA

The State of Washington



Secretary of State

I, KIM WYMAN, Secretary of State of the State of Washington and custodian of its seal,
hereby issue this

CERTIFICATE OF EXISTENCE/AUTHORIZATION

OF

LAW OFFICES OF DAVID JAKEMAN, PLLC

I FURTHER CERTIFY that the records on file in this office show that the above named
Professional Limited Liability Company was formed under the laws of the State of WA and was
issued a Certificate Of Formation in Washington on 1/31/2014.

I FURTHER CERTIFY that as of the date of this certificate, LAW OFFICES OF DAVID
JAKEMAN, PLLC remains active and has complied with the filing requirements of this office.

Date: July 8, 2015

UBI: 603-372-720



Given under my hand and the Seal of the State
of Washington at Olympia, the State Capital

Kim Wyman, Secretary of State