

M15000006818

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

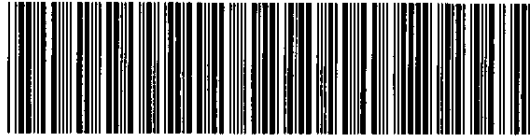
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600276348356

08/27/15--01013--017 **125.00

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15 AUG 27 PM 2:54
FILING OFFICE
TOLSON

AUG 28 2015
S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JBL Holdings 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:

Brian Lambert

Name of Person

JBL Holdings LLC

Firm/Company

200 W Palmetto Park Rd suite 200

Address

Boca Raton, FL 33432

City/State and Zip Code

blamber8358@gmail.com

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

For further information concerning this matter, please call:

Brian Lambert

954

610-9528

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

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AUG 27 PM 2:54
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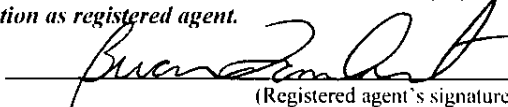
**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS
IN FLORIDA**

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. JBL Holdings LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
JB Lamb Holdings 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. Nevada 3. 45-2482741
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)
4. 8/31/15
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
5. 200 W Palmetto Park Rd suite 200
Boca Raton, FL 33432
(Street Address of Principal Office)
6. 200 W Palmetto Park Rd suite 200
Boca Raton, FL 33432
(Mailing Address)
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
- Name: Brian Lambert
- Office Address: 200 W Palmetto Park Rd suite 200
Boca Raton, Florida 33432
(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.



(Registered agent's signature)

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

Brian Lambert 200 W Palmetto Park Rd Suite 200, Boca Raton, FL 33432 Member

Jeremy Lambert 200 W Palmetto Park Rd Suite 200, Boca Raton, FL 33432 Member

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.

Brian Lambert

Typed or printed name of signee

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15 AUG 27 PM 2:51
CLERK OF STATE
TALLAHASSEE, FLORIDA

STATE OF NEVADA

BARBARA K. CEGAVSKE
Secretary of State

JEFFERY LANDERFELT
Deputy Secretary
for Commercial Recordings



OFFICE OF THE
SECRETARY OF STATE

Commercial Recordings Division
202 N. Carson Street
Carson City, NV 89701-4201
Telephone (775) 684-5708
Fax (775) 684-7138

BRIAN LAMBERT

NV

Job: C20150825-0698

August 25, 2015

Special Handling Instructions:

8/25/2015 HC EM GSL BRIAN@RSM-GROUP.COM 825-0698

*****Please note on 10/1/2015 we will only accept our Copies Order Form. If any other forms are used we will return the order and you will need to resubmit the entire request again for processing. The Copies Order Form is located on our nvsos.gov site. If you need assistance in locating it please call (775)684-5708.

Charges

Description	Document Number	Filing Date/Time	Qty	Price	Amount
Cert of Existence (without amendments - long form)	20140202537-76	3/20/2014 10:11:41 AM	1	\$50.00	\$50.00
Total					\$50.00

Payments

Type	Description	Amount
Credit	248117 15082589059023	\$50.00
Total		\$50.00

Credit Balance: \$0.00

Job Contents:

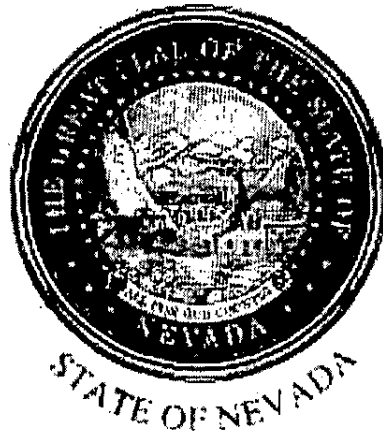
Certificate of Good Standing Long(s): 1

BRIAN LAMBERT

NV

FILED
AUG 27 PM 2:54
CLERK OF COURT
CLERK OF COURT

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE (INCLUDING AMENDMENTS)

I, BARBARA K. CEGAVSKE, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **JBL HOLDINGS, LLC**, as a limited liability company duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since May 27, 2011, and is in good standing in this state.

I further certify, that the above limited liability company has Articles of Organization and no amendments on file in this office as of the date of this certificate.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on August 25, 2015.

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

Certified By: Heather Christensen
Certificate Number: C20150825-0698
You may verify this certificate
online at <http://www.nvsos.gov/>

FILED
15 AUG 27 PM 2:54
CLERK OF THE SECRETARY OF STATE

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)

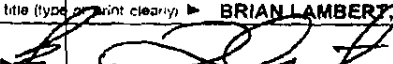
▶ See separate instructions for each line. ▶ Keep a copy for your records.

OMB No. 1545-0003

EIN

45-2482741

Type or print clearly.	1	Legal name of entity (or individual) for whom the EIN is being requested JBL HOLDINGS, LLC	
	2	Trade name of business (if different from name on line 1)	3 Executor, administrator, trustee, "care of" name C/O BRIAN LAMBERT
	4a	Mailing address (room, apt., suite no. and street, or P.O. box) 7627 Great Oak Drive	5a Street address (if different) (Do not enter a P.O. box.)
	4b	City, state, and ZIP code (if foreign, see instructions) Lake Worth, FL 33467	5b City, state, and ZIP code (if foreign, see instructions)
	6	County and state where principal business is located PALM BEACH COUNTY, FL	
	7a	Name of responsible party BRIAN LAMBERT	
7b	SSN, ITIN, or EIN 403-23-6121		
8a	Is this application for a limited liability company (LLC) (or a foreign equivalent)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		8b If 8a is "Yes," enter the number of LLC members 2
8c	If 8a is "Yes," was the LLC organized in the United States? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
9a	Type of entity (check only one box). Caution: If 8a is "Yes," see the instructions for the correct box to check.		
	<input type="checkbox"/> Sole proprietor (SSN) <input type="checkbox"/> Estate (SSN of decedent)		
	<input checked="" type="checkbox"/> Partnership <input type="checkbox"/> Plan administrator (TIN)		
	<input type="checkbox"/> Corporation (enter form number to be filed) ▶ <input type="checkbox"/> Trust (TIN of grantor)		
	<input type="checkbox"/> Personal service corporation <input type="checkbox"/> National Guard <input type="checkbox"/> State/local government		
	<input type="checkbox"/> Church or church-controlled organization <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Federal government/military		
	<input type="checkbox"/> Other nonprofit organization (specify) ▶ <input type="checkbox"/> REMIC <input type="checkbox"/> Indian tribal governments/enterprises		
	<input type="checkbox"/> Other (specify) ▶ <input type="checkbox"/> Group Exemption Number (GEN) if any ▶		
9b	If a corporation, name the state or foreign country (if applicable) where incorporated	State	Foreign country
10	Reason for applying (check only one box)		
	<input checked="" type="checkbox"/> Started new business (specify type) ▶ INVESTMENT MANAGEMENT		
	<input type="checkbox"/> Banking purpose (specify purpose) ▶		
	<input type="checkbox"/> Changed type of organization (specify new type) ▶		
	<input type="checkbox"/> Purchased going business		
	<input type="checkbox"/> Hired employees (Check the box and see line 13.) <input type="checkbox"/> Created a trust (specify type) ▶		
	<input type="checkbox"/> Compliance with IRS withholding regulations <input type="checkbox"/> Created a pension plan (specify type) ▶		
	<input type="checkbox"/> Other (specify) ▶		
11	Date business started or acquired (month, day, year). See instructions. MAY 27, 2011		12 Closing month of accounting year DECEMBER
13	Highest number of employees expected in the next 12 months (enter -0- if none). If no employees expected, skip line 14.		
	Agricultural	Household	Other
	0	0	0
14	If you expect your employment tax liability to be \$1,000 or less in a full calendar year and want to file Form 944 annually instead of Forms 941 quarterly, check here. (Your employment tax liability generally will be \$1,000 or less if you expect to pay \$4,000 or less in total wages.) If you do not check this box, you must file Form 941 for every quarter. <input checked="" type="checkbox"/>		
15	First date wages or annuities were paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien (month, day, year). N/A		
16	Check one box that best describes the principal activity of your business.		
	<input type="checkbox"/> Construction <input type="checkbox"/> Rental & leasing <input type="checkbox"/> Transportation & warehousing <input type="checkbox"/> Health care & social assistance <input type="checkbox"/> Wholesale-agent/broker		
	<input type="checkbox"/> Real estate <input type="checkbox"/> Manufacturing <input checked="" type="checkbox"/> Finance & insurance <input type="checkbox"/> Accommodation & food service <input type="checkbox"/> Wholesale-other <input type="checkbox"/> Retail		
	<input type="checkbox"/> Other (specify)		
17	Indicate principal line of merchandise sold, specific construction work done, products produced, or services provided. INVESTMENT MANAGEMENT		
18	Has the applicant entity shown on line 1 ever applied for and received an EIN? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	If "Yes," write previous EIN here ▶		

Third Party Designee	Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.	
	Designee's name ANTHONY KHATCHOUI, ESQ.	Designee's telephone number (include area code) (212) 370-4220
	Address and ZIP code 570 LEXINGTON AVE., FL 17, NEW YORK, NY 10022	Designee's fax number (include area code) (212) 370-4270
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief it is true, correct, and complete.		Applicant's telephone number (include area code) (954) 610-9528
Name and title (type or print clearly) ▶ BRIAN LAMBERT, MANAGING MEMBER		Applicant's fax number (include area code) ()
Signature ▶ 		Date ▶ 6/8/11



ROSS MILLER
Secretary of State
204 North Carson Street, Suite 4
Carson City, Nevada 89701-4520
(775) 684-5708
Website: www.nvsos.gov



050102

Articles of Organization Limited-Liability Company

(PURSUANT TO NRS CHAPTER 86)

Filed in the office of Ross Miller Secretary of State State of Nevada	Document Number 20110398709-20 Filing Date and Time 05/27/2011 1:32 PM Entity Number E0305762011-5
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(This document was filed electronically.)

USE BLACK INK ONLY - DO NOT HIGHLIGHT

ABOVE SPACE IS FOR OFFICE USE ONLY

1. Name of Limited-Liability Company: (must contain approved limited-liability company wording; see instructions)	JBL HOLDINGS, LLC	Check box if a Series Limited-Liability Company <input type="checkbox"/>	Check box if a Restricted Limited-Liability Company <input type="checkbox"/>
2. Registered Agent for Service of Process: (check only one box)	<input checked="" type="checkbox"/> Commercial Registered Agent: CSC SERVICES OF NEVADA, INC. Name <input type="checkbox"/> Noncommercial Registered Agent (name and address below) OR <input type="checkbox"/> Office or Position with Entity (name and address below) Name of Noncommercial Registered Agent OR Name of Title of Office or Other Position with Entity: CS Street Address City State Zip Code Mailing Address (if different from street address) City State Zip Code		
3. Dissolution Date: (optional)	Latest date upon which the company is to dissolve (if existence is not perpetual):		
4. Management: (required)	Company shall be managed by: <input type="checkbox"/> Manager(s) OR <input checked="" type="checkbox"/> Member(s) (check only one box)		
5. Name and Address of each Manager or Managing Member: (attach additional page if more than 3)	1) BRIAN LAMBERT Name 7687 GREAT OAK DRIVE LAKE WORTH FL 33467 Street Address City State Zip Code 2) JEREMY LAMBERT Name 18239 FRESH LAKE WAY BOCA RATON FL 33498 Street Address City State Zip Code 3) Name Street Address City State Zip Code		
6. Name, Address and Signature of Organizer: (attach additional page if more than 1 organizer)	BRIAN LAMBERT Name 7687 GREAT OAK DRIVE LAKE WORTH FL 33467 Address City State Zip Code X BRIAN LAMBERT Organizer Signature		
7. Certificate of Acceptance of Appointment of Registered Agent:	I hereby accept appointment as Registered Agent for the above named Entity. X CSC SERVICES OF NEVADA, INC. Authorized Signature of Registered Agent or On Behalf of Registered Agent Entity 5/27/2011 Date		

Articles of Organization

(PURSUANT TO NRS CHAPTER 86)

CONTINUED

*Includes data that is too long to fit in the fields on the NRS 86 Form and
all additional managers and organizers*

ENTITY NAME: **JBL HOLDINGS, LLC**

FOREIGN NAME: **Not Applicable**
TRANSLATION:

REGISTERED AGENT NAME: **CSC SERVICES OF NEVADA, INC.**

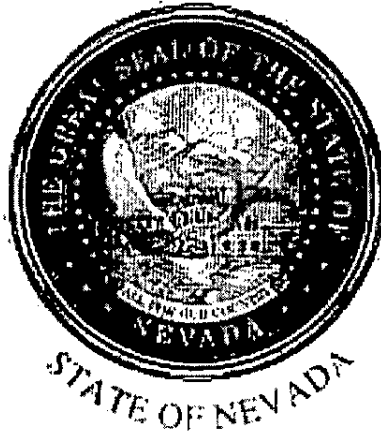
STREET ADDRESS: **Not Applicable**

MAILING ADDRESS: **Not Applicable**

ADDITIONAL	Organizers
Name: JEREMY LAMBERT	
Address: 18239 FRESH LAKE WAY	
City: BOCA RATON	
State: FL	
Zip Code: 33498	

FILED
15 AUG 27 PM 2:56
2015

SECRETARY OF STATE



LIMITED LIABILITY COMPANY CHARTER

I, ROSS MILLER, the Nevada Secretary of State, do hereby certify that **JBL HOLDINGS, LLC** did on May 27, 2011, file in this office the Articles of Organization for a Limited Liability Company, that said Articles of Organization are now on file and of record in the office of the Nevada Secretary of State, and further, that said Articles contain all the provisions required by the laws governing Limited Liability Companies in the State of Nevada.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on May 27, 2011.

A handwritten signature in black ink, appearing to read "Ross Miller".

ROSS MILLER
Secretary of State

Certified By: Electronic Filing
Certificate Number: C20110527-2471
You may verify this certificate
online at <http://www.nvsos.gov/>

FILED
15 AUG 27 PM 2:54
CLERK OF THE SECRETARY OF STATE

**INITIAL LIST OF MANAGERS OR MANAGING MEMBERS AND REGISTERED AGENT AND
STATE BUSINESS LICENSE APPLICATION OF:**

JBL HOLDINGS, LLC

FILE NUMBER

NAME OF LIMITED-LIABILITY COMPANY

FOR THE FILING PERIOD OF MAY, 2011 TO MAY, 2012. Due by Jun 30, 2011

E0305762011-5

****YOU MAY FILE THIS FORM ONLINE AT www.nvsos.gov****

The entity's duly appointed registered agent in the State of Nevada upon whom process can be served is:

CSC SERVICES OF NEVADA, INC.
2215-B RENAISSANCE DR
LAS VEGAS NV 89119

100401

A FORM TO CHANGE REGISTERED AGENT INFORMATION IS FOUND AT: www.nvsos.gov

USE BLACK INK ONLY - DO NOT HIGHLIGHT

ABOVE SPACE IS FOR OFFICE USE ONLY

☐ Return one file stamped copy. (If filing not accompanied by order instructions, file stamped copy will be sent to registered agent.)

IMPORTANT: Read instructions before completing and returning this form.

- Print or type names and addresses, either residence or business, for all manager or managing members. A Manager, or if none, a Managing Member of the LLC must sign the form. **FORM WILL BE RETURNED IF UNSIGNED.**
- If there are additional managers or managing members, attach a list of them to this form.
- Return completed form with the filing fee of \$125.00. A \$75.00 penalty must be added for failure to file this form by the deadline.
- State business license fee is \$200.00. Effective 2/1/2010, \$100 must be added for failure to file form by deadline.
- Make your check payable to the Secretary of State.
- Ordering Copies:** if requested above, one file stamped copy will be returned at no additional charge. To receive a certified copy, enclose an additional \$30.00 per certification. A copy fee of \$2.00 per page is required for each additional copy generated when ordering 2 or more file stamped or certified copies. Appropriate instructions must accompany your order.
- Return the completed form to: Secretary of State, 202 North Carson Street, Carson City, Nevada 89701-4201, (775) 684-5708.
- Form must be in the possession of the Secretary of State on or before the last day of the first month following the incorporation/initial registration date. (Postmark date is not accepted as receipt date.) Forms received after due date will be returned for additional fees and penalties. Failure to include initial list and business license fees will result in rejection of filing.

FILING FEE: \$125.00 LATE PENALTY: \$75.00

BUSINESS LICENSE FEE: \$200.00 LATE PENALTY: \$100.00

Complete only if applicable

NRS 76.020 Exemption Codes

☐ Pursuant to NRS Chapter 76, this entity is exempt from the business license fee. Exemption code: 001 - Governmental Entity
003 - Home-based Business
005 - Motion Picture Company
006 - NRS 680B.020 Insurance Co.

NAME JEREMY Lambert (DOCUMENT WILL BE REJECTED IF TITLE NOT INDICATED)
MANAGER ☒ MANAGING MEMBER ☐
ADDRESS 2875 NW 28th St CITY Boca Raton STATE FL ZIP CODE 33434

NAME Brian Lambert (DOCUMENT WILL BE REJECTED IF TITLE NOT INDICATED)
MANAGER ☐ MANAGING MEMBER ☒
ADDRESS 8205 Alabarna Pass Way CITY Boca Raton STATE FL ZIP CODE 33473

NAME (DOCUMENT WILL BE REJECTED IF TITLE NOT INDICATED)
MANAGER ☐ MANAGING MEMBER ☐
ADDRESS CITY STATE ZIP CODE

NAME (DOCUMENT WILL BE REJECTED IF TITLE NOT INDICATED)
MANAGER ☐ MANAGING MEMBER ☐
ADDRESS CITY STATE ZIP CODE

I declare, to the best of my knowledge under penalty of perjury, that the above mentioned entity has complied with the provisions of NRS Chapter 76 and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State.

X [Signature]
Signature of Manager or Managing Member

Title Member Date 5/27/2011

Nevada Secretary of State Initial List ManOrMem
Revised: 10-8-10