

M1500000 7188

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

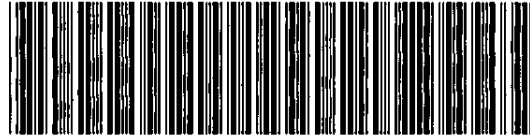
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500276828505

707
LLC

M15 - 7188

09/08/15--01022--010 **130.00

CUS

FILED
2015 SEP -8 AM 8:39
TALLAHASSEE, FLORIDA

SEP 10 2015

N. CAUSSEAU



12443 San Jose Boulevard, Suite 604 • Jacksonville, FL 32223 • Tel. 904.880.0000 • Fax 904.880.0888

Michaelson Group

REAL ESTATE, LLC

September 4, 2015

Division of Corporations
Registration Section
Post Office Box 6327
Tallahassee, Florida 32314

RE: Application/Registration of Foreign LLC – JAX Cedar Creek, LLC

Dear Sir or Madam:

Please find enclosed the Application by JAX Cedar Creek, LLC, a foreign limited liability company to transact business in Florida. I am also enclosing a copy of the Certificate from the State of Colorado confirming JAX Cedar Creek, LLC is in good standing.

It is my understanding the cost to register in Florida is \$130.00. I am enclosing payment in this amount (Check No.; 040910).

Thank you. If you have any questions or concerns, please do not hesitate to contact me.

With best regards,

Elizabeth Moses

Enclosures as stated.

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: JAX Cedar Creek, 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:

Roderick Hubbard
Name of Person
Aviana at Tuscany-OFFICE
Firm/Company
7000 Mae Anne Ave
Address
Reno NV 89523
City/State and Zip Code
accounting@goldelm.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Vanessa Bertuca at 775 747-7500
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. JAX Cedar Creek, 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. State of Colorado 3. 46-2779322
(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 registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 7000 Mae Anne Ave
Reno NV 89523
(Street Address of Principal Office)

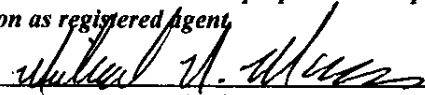
6. 7000 Mae Anne Ave-OFFICE
Reno NV 89523
(Mailing Address)

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

Name: Michael Moses
Office Address: 12443 San Jose Boulevard Suite 604
Jacksonville, Florida 32223
(City) (Zip code)

Registered agent's acceptance:

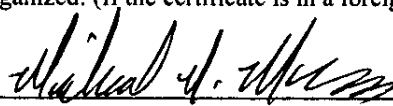
Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all 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:

Michael Moses, Manager
12443 San Jose Boulevard Suite 604
Jacksonville FL 32223

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.

Michael Moses
Typed or printed name of signee

2015 SEP -8 AM 9:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OFFICE OF THE SECRETARY OF STATE
OF THE STATE OF COLORADO

CERTIFICATE

I, Wayne W. Williams, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

JAX Cedar Creek, LLC

is a **Limited Liability Company** formed or registered on 06/12/2013 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20131346631.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 09/02/2015 that have been posted, and by documents delivered to this office electronically through 09/03/2015 @ 11:19:16.

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Denver, Colorado on 09/03/2015 @ 11:19:16 pursuant to and in accordance with applicable law. This certificate is assigned Confirmation Number 9296469.



Secretary of State of the State of Colorado

FILED
2015 SEP -8 AM 8:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

*****End of Certificate*****

Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Certificate Confirmation Page of the Secretary of State's Web site, <http://www.sos.state.co.us/biz/CertificateSearchCriteria.do> entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, <http://www.sos.state.co.us/> click Business Center and select "Frequently Asked Questions."