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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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COVER LETTER

TO:

TO:	Registration Section Division of Corporatio	ns			
SUBJE	сст: <u>JJ + N</u>	Development Name of	Limited Liability Company		
			pany for Authorization to Tra enced foreign limited liability		
Please	return all correspondence	concerning this matter to the	following:		
		Dorothy +	arm S		
		•			
		F	lopment, LLC irm/Company		
	842	25 River Brand	Place	 	
		Sandard FL City/S	3277/		
		City/S	tate and Zip Code	2015 SECI TALL/	
Zor fur	ther information concernir	·	d for future annual report no	SECRETARY ALLAWASSE	FILED
ror run		g uns matter, prease can.	at (407) 78	E.F.S. A Z-093/97 4	0
	Name	of Contact Person		time Telephone Number	
	MAILING ADDRESS: Division of Corporation Registration Section P.O. Box 6327 Tallahassee, FL 32314		Division Registrat Clifton B 2661 Exe	of Corporations ion Section guilding ecutive Center Circle see, FL 32301	
Enclose	ed is a check for the follow \$125.00 Filing Fee	ring amount: \$\square\$\$ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filing Fee & Certified Copy	☑\$160.00 Filing Fee, Co of Status & Certified Cop	ertificate by

IN COMPLIANCE WITH SECTION 69.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:
1. 1 1+1/ De) velopment LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
(Name of Poreign Limited Elability 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 Tllinoi's (Jurisdiction under the law of which foreign limited liability company is organized) 3. 26-2977129 (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. JJ+N Development, LLC
1118 Hobson Mill Dr Nagar ville, IL 10540 (Street Address of Principal Office)
6.
(Mailing Address)
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
Name: Dorothy Harri's
Office Address: 8425 River Branch PL
Sanford , Florida 3277) 57 57 (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 complywith 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.
to complywith 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.
to complywith 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)
to complywith 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:
to complywith 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)
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to complywith 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: 10
to complywith 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: 1e ff horris - Owner 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)
to complywith 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: 10



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

J J & N DEVELOPMENT, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON JULY 08, 2008, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 2ND day of OCTOBER A.D. 2015.

Authentication #: 1527502036 verifiable until 10/02/2016
Authenticate at: http://www.cyberdriveillinois.com

Desse White

SECRETARY OF STATE

File Number

0256163-8



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