# 115000008377

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	: #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
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SECRETARY OF STATE

K.SALY EXAMINER OCT 2 0 2015

# **COVER LETTER**

TO:	Registration Se Division of Cor	ction porations <sub>,</sub>	. ·	!				
SUBJE	JWS THRE	EE, LLC						
SOBOL	C1.		Name	of Limit	ed Liability (	Company		
The enc Existence	losed "Applicationse, and check are	n by Foreig submitted to	n Limited Liability Coregister the above re	ompany eferenced	for Authoriza   foreign limit	tion to Tra	nsact Business in Florida," Co company to transact business	ertificate of s in Florida
Please r	eturn all correspo	ndence con	cerning this matter to	the follo	wing:			
	Campl	ell W. Kirb	o					
				Name o	of Person			
	Kirbo	& Kirbo, P.	C.					
				Firm/C	ompany			
	P.O. B	ox 70519						
				Ad	dress			
	Albany	, GA 31708	3-0519					
	<del></del>		Cir	ty/State a	nd Zip Code			
	ckirbo@	kirbo.com						
		Е	-mail address: (to be	used for	future annual	report not	ification)	
For furt	ner information co	oncerning th	is matter, please call:					
	Campbell W. K	irbo		at :	229	883-513	34	
		Name of C	ontact Person	at	Area Code	Day	time Telephone Number	
	MAILING ADI Division of Corp Registration Sec P.O. Box 6327 Tallahassee, FL	oorations tion		;		Division of Registrati Clifton Bo 2661 Exe	ADDRESS: of Corporations on Section uilding cutive Center Circle ee, FL 32301	
Enclose	d is a check for th  ☐ \$125.00 Filin	g Fee 🖺	amount: \$130.00 Filing Fee & certificate of Status		\$155.00 Filin rtified Copy	ig Fee & <sub>.</sub>	☐ \$160.00 Filing Fee, Certi of Status & Certified Copy	ficate

# 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:

4. Upon registration  (Date first transacted business in Florida, if prior to registration (See sections 605.0904 & 605.0905, F.S. to determine penalty lia 5. 521 Partridge Drive  Albany, GA 31707  (Street Address of Principal Office)  P.O. Box 70984  Albany, GA 31708  (Mailing Address)  7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  Clayton B. Studstill  326 Reid Ave	mber, if applicable)
(Jurisdiction under the law of which foreign limited liability company is organized)  (Upon registration  (Date first transacted business in Florida, if prior to registration (See sections 605.0904 & 605.0905, F.S. to determine penalty lia 521 Partridge Drive  Albany, GA 31707  (Street Address of Principal Office)  P.O. Box 70984  Albany, GA 31708  (Mailing Address)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  Office Address:  Clayton B. Studstill  326 Reid Ave	n.) ability)
(Street Address of Principal Office)  P.O. Box 70984  Albany, GA 31708  (Mailing Address)  (Mailing Address)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  Office Address:  Clayton B. Studstill  Office Address:  (FEI nurcompany is organized)  (Date first transacted business in Florida, if prior to registration (See sections 605.0904 & 605.0905, F.S. to determine penalty lia  (Street Address of Principal Office)  (Mailing Address)	n.) ability)
(Date first transacted business in Florida, if prior to registration (See sections 605.0904 & 605.0905, F.S. to determine penalty lia 521 Partridge Drive  Albany, GA 31707  (Street Address of Principal Office)  P.O. Box 70984  Albany, GA 31708  (Mailing Address)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  Clayton B. Studstill  Office Address:  326 Reid Ave	ability)
(Date first transacted business in Florida, if prior to registration (See sections 605.0904 & 605.0905, F.S. to determine penalty lia 521 Partridge Drive  Albany, GA 31707  (Street Address of Principal Office)  P.O. Box 70984  Albany, GA 31708  (Mailing Address)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  Clayton B. Studstill  326 Reid Ave	ability)
Albany, GA 31707  (Street Address of Principal Office) P.O. Box 70984  Albany, GA 31708  (Mailing Address)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name:  Clayton B. Studstill  326 Reid Ave	
Albany, GA 31707  (Street Address of Principal Office)  P.O. Box 70984  Albany, GA 31708  (Mailing Address)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  Clayton B. Studstill  Office Address:  326 Reid Ave	ZOIS OCT 19 PM 2: 40 SECRETARY OF STAILLAHASSEE, FLORIDA
(Street Address of Principal Office)  P.O. Box 70984  Albany, GA 31708  (Mailing Address)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  Clayton B. Studstill  Office Address:  326 Reid Ave	2015 OCT 19 PM Z: 43
P.O. Box 70984  Albany, GA 31708  (Mailing Address)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: Clayton B. Studstill  Office Address: 326 Reid Ave	OCT 19 PM 2: 40 LLAHASSEE, FLORIDA
Albany, GA 31708  (Mailing Address)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: Clayton B. Studstill  Office Address: 326 Reid Ave	HASSEE, FLORIDA
(Mailing Address)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: Clayton B. Studstill  Office Address: 326 Reid Ave	SEE, FLORIDA
Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  Clayton B. Studstill  326 Reid Ave	or Similar
Name: Clayton B. Studstill  Office Address: 326 Reid Ave	LORIO.
Office Address: 326 Reid Ave	<b>省市</b> 3
Office Address:	
	v
Florida	32456
(City)	(Zip code)
laving been named as registered agent and to accept service of process for the above states in this application, I hereby accept the appointment as registered agent and a complywith the provisions of all statutes relative to the proper and complete performance of the obligations of my position of registered agent.  (Registered agent's signature)	agree to act in this capacity. I fu
8. The name, title or capacity and address of the person(s) who has/have authority to mans	age is/are:
oseph Wesley Shiver, Jr., MANAGER	
Attached is a certificate of existence, no more than 90 days old, duly authenticated by the urisdiction under the law of which it is organized. (If the certificate is in a foreign language of the translator must be submitted)	e official having custody of record e, a translation of the certificate u

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.

Joseph Wesley Shiver, Jr.

Control Number: 15097865

Allsoct 19 Par 2: 45

# STATE OF GEORGIA

# **Secretary of State**

Corporations Division 313 West Tower 2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

### CERTIFICATE OF EXISTENCE

I, Brian P. Kemp, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

# JWS Three, LLC

### a Domestic Limited Liability Company

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number
Date Inc/Auth/Filed
Jurisdiction
Print Date
Form Number

: 12187173 : 10/14/2015 : Georgia : 10/14/2015



B: P. Kemp Secretary of State