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FILED



August 24, 2016

JB CAPITAL HOLDINGS, LLC 751 SW SOUTH MACEDO BLVD PORT ST. LUCIE, FL 34983

SUBJECT: JB CAPITAL HOLDINGS, LLC

Ref. Number: W16000058734

We have received your document for JB CAPITAL HOLDINGS, LLC and your check(s) totaling \$250.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 616A00018006

Tanisha L Washington Regulatory Specialist II

www.sunbiz.org

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 COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

		ust include "Limited Liability Company," "L.L.C.," or "	
If name unavailable, enter al Liability Company," "L.L.C,	Iternate name adopted for the purpor " or "LLC.")	ose of transacting business in Florida. The alternate name	must include "Limited
Wyoming		3. 38-3992498	
(Jurisdiction under the law -company is organized)	of which foreign limited liability	(FEI number, if applicable)	
1			
	(Date first transacted busin	ness in Florida, if prior to registration.) 15.0905, F.S. to determine penalty liability)	
5. 1712 Pioneer Avenue,		5.0005, 1.3. to determine penary hadding	
Cheyenne, WY 82001			
		f Principal Office)	
5. 751 SW South Macedo	Blvd		
Port St. Lucie, FL 3498			······································
1 011 01. 1.00-1.1.0 0476		g Address)	S 6 S
7 Name and street address	ss of Florida registered agent: (I	·	全郎 中 田
	Lawrence S. Klitzman	r.o. Box Not acceptable)	FIL TARS
Name:			E E
Office Address:	1391 Sawgrass Corporate Park	kway	FLO
	Sunrise	, Florida <u>33323</u>	24 ATE PRO
	(City)	(Zip code)	A P
	egistered agent and to accept se	ervice of process for the above stated limited liabil	ity company at the place
Having been named as re designated in this applica to complywith the provisi	ition, I hereby accept the appoin	intment as registered agent and agree to act in this ne proper and complete performance of my duties, t.	s capacity. I further agree , and I am fumiliar with and
Having been named as re designated in this applica to complywith the provisi	ntion, I hereby accept the appoint ions of all statutes relative to the my position as registered agent	te proper and complete performance of my duties, t.	s capacity. I further agree , and I am familiar with and -
Having been named as redesignated in this applicate to comply with the provising accept the obligations of	ntion, I hereby accept the appoint ions of all statutes relative to the my position as registered agent	te proper and complete performance of my duties, t. t. istered agent's signature)	s capacity. I further agree , and I am familiar with and -
Having been named as radesignated in this applicate to complywith the provising accept the obligations of 8. The name, title or cap	ntion, I hereby accept the appointions of all statutes relative to the my position as registered agent. Areginately and address of the person(s	istered agent's signature) (s) who has/have authority to manage is/are:	s capacity. I further agree , and I am familiar with and -
Having been named as radesignated in this applicate to complywith the provision accept the obligations of 8. The name, title or cap GC Management, LLC, a	ation, I hereby accept the appointions of all statutes relative to the my position as registered agents acity and address of the person(s). Wyoming limited liabilit compared	te proper and complete performance of my duties, t. t. istered agent's signature)	s capacity. I further agree , and I am familiar with and -
Having been named as radesignated in this applicate to complywith the provision accept the obligations of 8. The name, title or cap GC Management, LLC, a	ation, I hereby accept the appointions of all statutes relative to the my position as registered agents acity and address of the person(s). Wyoming limited liabilit compared	istered agent's signature) (s) who has/have authority to manage is/are:	s capacity. I further agree , and I am familiar with and -
Having been named as redesignated in this applicate to complywith the provising accept the obligations of 8. The name, title or cap GC Management, LLC, a 751 SW South Macedo B Port St. Lucie, FL 34983	ation, I hereby accept the appointions of all statutes relative to the my position as registered agents acity and address of the person(s). Wyoming limited liabilit compared	istered agent's signature) (s) who has/have authority to manage is/are: bany By its Manager, Jeffrey S. Braun	, and I am familiar with and
designated in this applicate complywith the provisincept the obligations of 8. The name, title or cap GC Management, LLC, a 751 SW South Macedo B Port St. Lucie, FL 34983 9. Attached is a certificate	action, I hereby accept the appoint ions of all statutes relative to the my position as registered agents acity and address of the person(s). Wyoming limited liabilit compared by the conference, no more than 90 conference of which it is organized: (If the submitted)	istered agent's signature) (s) who has/have authority to manage is/are:	and I am familiar with and

Typed or printed name of signce

STATE OF WYOMING Office of the Secretary of State

I, ED MURRAY, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

JB Capital Holdings, LLC

is a

Limited Liability Company

formed or qualified under the laws of Wyoming did on **October 31, 2015**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2015-000698525**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 30th day of August, 2016 at 9:56 AM. This certificate is assigned 020910418.

Secretary of State

FILED

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website http://wyobiz.wy.gov and following the instructions displayed under Validate Certificate.