## M1600009703

(Re	questor's Name)				
(Ad	dress)				
(Ad	dress)				
(Cit	ry/State/Zip/Phone	÷#)			
PICK-UP	☐ WAIT	MAIL			
(Bu	siness Entity Nan	ne)			
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
·					
<b>-</b>					

Office Use Only



100292860681

12/05/16--01016--007 \*\*130.00

FILED

16 DEC -5 PM 1: 17

T WASHINGTON DEC 0 6 2016

## **COVER LETTER**

SUBJECT:	Jlynn, llc	
SUBJECT	Name of Limited Liability Company	
	plication by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certick are submitted to register the above referenced foreign limited liability company to transact business in	
Please return all	orrespondence concerning this matter to the following:	
	Jennifer Lynn Difabio	
	Name of Person	
	Jlynn, llc	
	Firm/Company	
	2318 NE 29th Street	
	Address	
	Lighthouse Point, FL 33064	
	City/State and Zip Code	
	jldifabio@yahoo.com	
	E-mail address: (to be used for future annual report notification)	
For further infor	ation concerning this matter, please call:	
Jennif	Difabio 610 772.7992 at (	
	Name of Contact Person Area Code Daytime Telephone Number	
Divisio Registr P.O. Bo	G ADDRESS:  of Corporations  ion Section  6327  ee, FL 32314  STREET ADDRESS:  Division of Corporations  Registration Section  Clifton Building  2661 Executive Center Circle  Tallahassee, FL 32301	
Enclosed is a che	k for the following amount:	

□ \$155.00 Filing Fee &

Certified Copy

☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

\$130.00 Filing Fee & Certificate of Status

□ \$125.00 Filing Fee

## 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:

I. Jlynn, llc							
	eign Limited Liability Co	ompany; must include	"Limited Liability Con	pany," "L.L.C.," or	"LLC.")		
Jlynn Service, Ilc			- All Lands and The state	I- The state of th		.111	NT Tools of
(If name unavailable, enter al Liability Company," "L.L.C,		•	_	ia. The afternate har	ne must in	ciude	Limited
2. Pennsylvania		3. 2	73664856				
(Jurisdiction under the law company is organized)	_	liability	(FEI m	umber, if applicable	)		<del></del>
4	Jan	uary 1st, 2017			_		
	Jan (Date first trans (See sections 605.	acted business in Flor 0904 & 605.0905, F.S	ida, if prior to registrati 5. to determine penalty I	on.) iability)			
5. 2318 NE 29th Street, I	Lighthouse Point, FL 3	3064					
					and the	<b>=</b>	
	(Street	Address of Principal (	Office)			S 다	
6	<del></del>		<del></del>		- 375 - 375	尼 -	77
2318 NE 29th Street, L	ighthouse Point, FL 3	3064				5	(T)
		(Mailing Address)		·····	- 57, T.;	7	j.
7. Name and street address	s of Florida registered	agent: (P.O. Box	NOT acceptable)			<del></del>	
Name:	Jennifer Difabio					17	
Office Address:	2318 NE 29th Street						
Office Address.	Lighthouse Point	**************************************	Florid	33064			
		(City)	, Florid	a 33064 (Zip code)	_		
Registered agent's accep Having been named as re designated in this applica to complywith the provision	gistered agent and to tion, I hereby accept t	the appointment as	registered agent and	agree to act in th	is capacii	y. If	urther agree
accept the obligations of i			na compiete perjorm	шисе ој ту иште:	s, ana 1 ai	m jum	uur wun u
		<b>7</b>					
	1/	Registered agent	t's signature)	· · · · · · · · · · · · · · · · · · ·	_		
8. The name, title or capa	city and address of the	e person(s) who has	/have authority to ma	nage is/are:			
Jennifer Difabio, Managi				J			
						-	
				<del></del>		-	
						-	
9. Attached is a certificate jurisdiction under the law of the translator must be su	of which it is organize	than 90 days old, do	uly authenticated by t is in a foreign langua	he official having ge, a translation o	custody of the certi	f reco	ords in the under oath
		A -					
		Signature of an auth	norized person		-		
This document is avouted	in accordance with	( )	•	om orrana 4b -4	u falas la f	`~	ia-
This document is executed submitted in a document to	the Department of Sta	ate constitutes a thir	d degree felony as pro	am aware that an ovided for in s.817	y laise int 7.155, F.S	ormat	ion
		Jennifer Lynn D	ifabio				

Typed or printed name of signee

## COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF STATE

11/29/2016

16 DEC -5 PM 1: 17
Scale Section STATE
MAIN ABUSSES, FLORIDA

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

JLYNN, LLC

is duly registered as a Pennsylvania Limited Liability Company under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written

Secretary of the Commonwealth

Certification Number: TSC161129131294-1

Verify this certificate online at http://www.corporations.pa.gov/orders/verify.aspx