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| (Re | questor's Name) | | | | | |
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| (Address) | | | | | | |
| (Ad | dress) | | | | | |
| (Cit | y/State/Zip/Phone | ; #) | | | | |
| PICK-UP | ☐ WAIT | MAIL | | | | |
| (Business Entity Name) | | | | | | |
| (Document Number) | | | | | | |
| Certified Copies | _ Certificates | of Status | | | | |
| Special Instructions to Filing Officer: | | | | | | |
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Office Use Only



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K. SALY JAN 13 2017



January 6, 2017

MANUEL CAMPOS CG ABOGADOS 77 HARBOR DR, STE 5 KEY BISCAYNE, FL 33149

SUBJECT: JAYM LLC

Ref. Number: W17000001135

We have received your document for JAYM LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable because it is the same as or not distinguishable from an existing entity. If the principals are the same in both entities, please send a letter or affidavit advising us of this association, along with your articles so that we may complete the filing process.

The document number of the name conflict is L16000208137 "JAYM LLC".

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.

Karen A Saly Regulatory Specialist II

Letter Number: 717A00000346

COVER LETTER

. Registration Section

TO:

| Div | rision of Corporation | ns | | | | | |
|-------------------|-----------------------------------------------------------------------------------------------------|----------------------------------------------------------------|------------------------------------|------------------------------------------------|------------------------------------------------------------------------|--|--|
| SUBJECT: | JAYM LLC | | | | | | |
| oc Bollo I. | Name of Limited Liability Company | | | | | | |
| | | reign Limited Liability Comp ed to register the above refer | | | | | |
| Please return | all correspondence | concerning this matter to the | following: | | | | |
| | Manuel Campo | os | | | | | |
| | Name of Person | | | | | | |
| | CG Abogados | | | | | | |
| | Firm/Company | | | | | | |
| | 77 Harbor Driv | ve Suite 5 | | | | | |
| | | | Address | | | | |
| | Key Biscayne, FL 33149 | | | | | | |
| | City/State and Zip Code | | | | | | |
| | mcg@cg-abogac | los.com | | | | | |
| | | E-mail address: (to be used | d for future annual | report not | rification) | | |
| For further in | nformation concernin | g this matter, please call: | | | | | |
| Ma | nuel Campos | | 305 at (| 981-65 | 43 | | |
| | Name o | of Contact Person | Area Code | Day | rtime Telephone Number | | |
| Div Reg P.C | MLING ADDRESS: vision of Corporations gistration Section D. Box 6327 lahassee, FL 32314 | | | Division Registrat Clifton B 2661 Exe | of Corporations ion Section uilding cutive Center Circle see, FL 32301 | | |
| | a check for the follow \$125.00 Filing Fee | ring amount: ☐ \$130.00 Filing Fee & Certificate of Status | □ \$155.00 Filin Certified Copy | ng Fee & | ☐ \$160.00 Filing Fee, Ce of Status & Certified Cop | | |



77 Harbor Drive Key Biscayne, Florida 33149 Tel +1 305 351 1913 Fax +1 646 607 4536 www.cg-abogados.com

January 12, 2017



VIA FACSIMILE

Karen Saly
Department of State
Division of Corporations
Clifton Building
2661 Executive Center Cir.
Tallahassee, FL 32301

Re: JAYM LLC

Document Number L16000208137

Release Letter

Dear Ms. Saly:

Thank you for your time earlier today on the telephone concerning this matter. As discussed, we hereby confirm that the company JAYM LLC with Document Number L16000208137 was created in error.

We hereby confirm that we have no intention of reinstating that company and request that its name be released.

If you were to have any questions, please do not hesitate to contact me.

Sincerely,

Manuel Campos

IT JAN 12 PM 4: 56

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:

| (Name of Fore | ign Limited Liability Company; mu | ist include "Limited Lial | oility Company," "L.L.C.," or | "LEC.") |
|--------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|------------------------------------------------------|-------------------------------|
| (If name unavailable, enter all Liability Company," "L.L.C," | ernate name adopted for the purpos or "LLC.") | se of transacting busines | s in Florida. The alternate nan | ne must include "Limited |
| 2. Delaware (Jurisdiction under the law company is organized) | of which foreign limited liability | 3 | (FEI number, if applicable |) |
| 4 | Date first transacted busine | ess in Florida, if prior to | negistration.) | _ |
| 5 77 Harbor Drive Suite | (Date first transacted busine (See sections 605,0904 & 605 | 5,0905, E.S. to determine | penalty liability) | 2017 JAN 12 F |
| Key Biscayne, FL 3314 | | | | |
| Key biscayile, PL 3314 | | Principal Office) | | - 器 7 [|
| 6. 77 Harbor Drive, Suite | 5 | | | - 79 * ~ |
| Key Biscayne, FL 3314 | | | | - 3: 50 FLORING |
| | (Mailing | Address) | | - Ref |
| 7. Name and street addres | s of Florida registered agent: (P | P.O. Box NOT accept | able) | 1 / |
| Name: | Eekhorn Consulting LLC | | _ | |
| Office Address: | 660 Crandon Blvd Suite 224 | | _ | |
| | Key Biscayne | | _ , Florida 33149 (Zip code) | _ |
| Registered agent's accep | (City) | | (Zip code) | |
| Having been named as re designated in this applica to complywith the provision | gistered agent and to accept set tion, I hereby accept the appoin ons of all statutes relative to the my position as registered agent. | ntment as registered a e proper and complete | gent and agree to act in the performance of my dutie | his capacity. I further agree |
| | (Regis | stered agent's signature) | | · |
| 8. The name, title or capa | ncity and address of the person(s | s) who has/have autho | rity to manage is/are: | |
| Manuel Fernandez MGR | | | | |
| | | | - | |
| | | | | |
| | of existence, no more than 90 d of which it is organized. (If the abmitted) | | | |
| | I in accordance with section 605 the Department of State constitution | | | |

Typed or printed name of signee

Manuel Campos

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "JAYM LLC" IS DULY FORMED UNDER THE

LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A

LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF

THE TWENTY-SECOND DAY OF DECEMBER, A.D. 2016.



Authentication: 203568508

Date: 12-22-16