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TALLAHASSEE FI ORING

J. HARRIS

COVER LETTER

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TO:		ion Section of Corporatio	ns			
SUBJI		DEANE & A	SSOCIATES LLC			
			Name of	Limited Liability	Company	
The end Existen	closed "App ice, and che	lication by Fo k are submitte	reign Limited Liability Comed to register the above refer	pany for Authoriz renced foreign lim	ation to Tr ited liabili	ransact Business in Florida," Certificate of ty company to transact business in Florida
Please	return all co	rrespondence	concerning this matter to the	following:		
	J	EFFREY DEA	ANE			
	_		, n	lame of Person		
	J	EFF DEANE	& ASSOCIATES LLC			
Firm/Company						
	2	719 NE 19 T H	STREET			
	_			Address		
	F	ORT LAUDE	RDALE, FL 33305			
	<u></u>		City/S	State and Zip Code		
	jm	ljda@yahoo.c	om			
			E-mail address: (to be use	d for future annua	report no	tification)
For furt	her informat	ion concernin	g this matter, please call:			
	JEFFREY	DEANE		954	451-59	13
		Name o	f Contact Person	at (Day	time Telephone Number
	Division of Registration P.O. Box 6				Division Registrat Clifton B 2661 Exe	of Corporations ion Section suilding secutive Center Circle see, FL 32301
Enclose	d is a check ■ \$125.00	for the follow Filing Fee	ing amount: □ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filir Certified Copy	-	□ \$160.00 Filing Fee, Certificate of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE Division of Corporations

April 28, 2017

JEFFREY DEANE 2719 NE 19TH STREET FORT LAUDERDALE, FL 33305

SUBJECT: JEFF DEANE AND ASSOCIATES LLC

Ref. Number: W17000036672

We have received your document for JEFF DEANE AND ASSOCIATES 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):

Pursuant to section 607.1502(4), 617.1502(4) or 605.0904(7), Florida Statutes, this entity is liable for a civil penalty of at least \$500 but not more than \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification. In addition to this civil penalty, the appropriate annual report fees that would have been due this office had the entity qualified the year it began operations in this state are also due. The amount due this office to cover both annual report(s) and penalty fees is \$638.75.

The registered agent must sign accepting the designation.

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.

Jenna D Harris Regulatory Specialist II

Letter Number: 317A00008355

SECRETARY OF STATE

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:

1. JEFF DEANE AND A (Name of For	SSOCIATES LLC eign Limited Liability Company; mu	ist include "Limited	Liability Company," "L.L.C.," or	"LLC.")	
(If name unavailable, enter a	iternate name adopted for the purpos	se of transacting bus	iness in Florida. The alternate nar	ne must include "Limited	
Liability Company," "L.L.C CALIFORNIA	," OF "LLC.)	3. 27-394381	! 1		
(Jurisdiction under the law company is organized)	of which foreign limited liability	3	(FEI number, if applicable		
4. 01/07/2016				_	
	(Date first transacted busine (See sections 605.0904 & 605	.0905, F.S. to determ	nr to registration.) nine penalty liability)	7A 28	•
5. 2719 NE 19TH STRE	ET			LAH.	ì
FORT LAUDERDAL	E. FL 33305			五元 2.25 2.75 2.75 2.75 2.75 2.75 2.75 2.75	
	(Street Address of I	Principal Office)		ZARY ASSE	79.00E.
6. 2719 NE 19TH STREE	ET			_ 때 및 📜	[{
FORT LAUDERDALI	F FL 33305			I: O STAT LORIN	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
1011. 21.000	(Mailing	Address)		I: O. STATE LORID	
7 Name and street address	ss of Florida registered agent: (P.	O Box NOT acc	entable)	>	
Name:	JEFFREY DEANE				
Office Address:	2719 NE 19TH STREET				
	FORT LAUDERDALE		, Florida	_	
designated in this applica to complywith the provision	(City) itance: egistered agent and to accept servicion, I hereby accept the appoint ons of all statutes relative to the my position as registered agent.	tment as registere	d agent and agree to act in thi	is capacity. I further agre	e e
	(Regis	angil agent's dignatu	re)		
8. The name, title or capa	acity and address of the person(s)	who has/have aut	hority to manage is/are:		
JEFFREY DEANE M	ANAGING MEMBER 27191	NE 19TH STREE	r FORT LAUDERDALE,	FL 33305	
			reign language, a translation of		
	in accordance with section 605.0 the Department of State constitu)203 (1) (b), Florid	ia Statutes. I am aware that any		
	JEFFREY DEANE				

Typed or printed name of signee

State of California Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME: JEFF DEANE AND ASSOCIATES LLC

FILE NUMBER: FORMATION DATE: 201022210263

07/13/2010

TYPE: JURISDICTION: DOMESTIC LIMITED LIABILITY COMPANY

CALIFORNIA

STATUS:

ACTIVE (GOOD STANDING)

I, ALEX PADILLA, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of March 23, 2017.

> ALEX PADILLA Secretary of State