

M17000008258

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300303824413

300303824413
09/27/17--01004--006 **125.00

17 SEP 27 AM 11:48

SEP 28 2017
J. HARRIS

28 SEP 27 AM 8:49
J. HARRIS

**CORPORATE
ACCESS,
INC.**

When you need ACCESS to the world

236 East 6th Avenue, Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

PICK UP:

9-27-17

☐

CERTIFIED COPY

☒

PHOTOCOPY

☐

CUS

☒

FILING

Foreign

1.

Jacobs Communications Group LLC
(CORPORATE NAME AND DOCUMENT #)

2.

(CORPORATE NAME AND DOCUMENT #)

3.

(CORPORATE NAME AND DOCUMENT #)

4.

(CORPORATE NAME AND DOCUMENT #)

5.

(CORPORATE NAME AND DOCUMENT #)

(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS:

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Jacobs Communications Group LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Maria Long

Name of Person

Compliance Solutions, Inc.

Firm/Company

242 Rangeline Road

Address

Longwood, FL 32750

City/State and Zip Code

mark@csilongwood.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Maria Long

800

927-9801

at (_____) _____

Name of Contact Person

Area Code

Daytime Telephone Number

MAILING ADDRESS:

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount.

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy

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

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS
IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0602, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Jacobs Communications Group LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC")

2. NY

(Jurisdiction under the law of which foreign limited liability company is organized)

3. _____

(EFT number, if applicable)

4. 09/21/2017

(Date first transacted business in Florida, if prior to registration)
(See sections 605.0603 & 605.0605, F.S. to determine penalty liability)

5. 2 John Walsh Boulevard, Suite 201

(Street Address of Principal Office)

Peekskill, NY 10566-5332

6. 2 John Walsh Boulevard, Suite 201

(Mailing Address)

Peekskill, NY 10566-5332

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee

(City)

Florida 32301

(Zip code)

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Corporation Service Company

By: [Signature]

(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Title or Capacity:

Name and Address:

Title or Capacity:

Name and Address:

Member, President

Thomas Jacobs

2 John Walsh Blvd, Suite 201
Peekskill, NY 10566-5332

Member, Secretary

Suzanne Jacobs

2 John Walsh Blvd, Suite 201
Peekskill, NY 10566-5332

(Use attachments if necessary)

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. 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.

[Signature]
Signature of an authorized person

Thomas Jacobs

Typed or printed name of signer

State of New York
Department of State } ss:

I hereby certify, that JACOBS COMMUNICATIONS GROUP LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 02/02/2007, and that the Limited Liability Company is existing so far as shown by the records of the Department. I further certify the following:

A Certificate of Publication of JACOBS COMMUNICATIONS GROUP LLC was filed on 05/09/2007.

A Biennial Statement was filed 01/23/2009.

A Biennial Statement was filed 02/18/2011.

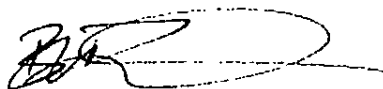
A Biennial Statement was filed 03/08/2013.

A Biennial Statement was filed 01/12/2016.

A Biennial Statement was filed 02/07/2017.

I further certify, that no other documents have been filed by such Limited Liability Company.

*Witness my hand and the official seal
of the Department of State at the City
of Albany, this 25th day of September
two thousand and seventeen.*



Brendan W. Fitzgerald
Executive Deputy Secretary of State

