

M17000009443

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

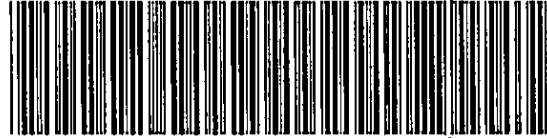
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

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200302012792

08/04/17--01018--014 \*\*160.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

17 NOV -6 PM 3:39

FILED

W 17000080378 10/10/17





FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 10, 2017

JUBILEE REAL ESTATE LLC.  
3389 MAGIC OAK LANE  
SARASOTA, FL 34232 US

We have received your document for JUBILEE REAL ESTATE LLC. and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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 the corrected original and one copy of 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) 254-6051.

Judy A Leggett  
Regulatory Specialist II  
Registration Section

Letter Number: 517A00020411



COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: JUBILEE REAL ESTATE 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:

MARY E. KING ESQ.

Name of Person

Law Office of Mary E. King P.L.

Firm/Company

3389 Magic Oak Lane

Address

Sarasota, FL 34232

City/State and Zip Code

MKing@KingLawPL.com

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

For further information concerning this matter, please call:

MARY E. KING

Name of Contact Person

at ( 941 )

Area Code

906-7585

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 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. **JUBILEE REAL ESTATE 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. **WYOMING, US**

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

3. **NA**

(FEI number, if applicable)

4. **NA**

(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. **1712 Pioneer Ave. Ste. 500**

(Street Address of Principal Office)

**Cheyenne, WY 82001**

6. **Mary E. King Esq**

(Mailing Address)

**3389 Magic Oak Lane**

**Sarasota, FL 34232**

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

Name: **MARY E. KING ESQ.**

Office Address: **3389 Magic Oak Lane**

**Sarasota**

(City)

, Florida **34232**

(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.

(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:

**Director**

**Ridgewood Group Holdings LLC.**

**1712 Pioneer Ave., Suite 500**

**Cheyenne, WY 82001**

**Broker**

**Bart Huitema**

**2708 Fruitville Road**

**Sarasota, FL 34237**

(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 of an authorized person)

**MARY E. KING**

Typed or printed name of signer

FILED  
NOV -6 PM 8:40  
CLERK OF COURT  
TALLAHASSEE, FLORIDA



**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,

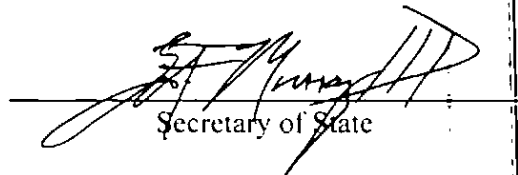
**Jubilee Real Estate LLC**  
is a  
**Limited Liability Company**

formed or qualified under the laws of Wyoming did on **February 23, 2017**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2017-000743476**.

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 26th day of October, 2017 at 2:13 PM. This certificate is assigned 024514220.



  
Secretary of State





LAW OFFICE OF  
**MARY E. KING, P.L.**  
Attorney and Counselor at Law

3389 Magic Oak Lane  
Sarasota, Florida 34232  
Office: (941) 906-7585 Facsimile: (941) 906-7586

♦IRS Problem Resolution ♦Tax Return Preparation

October 26, 2017

Division of Corporations  
Registration Section  
Attn: Judy Leggett  
2661 Executive Center Circle  
Tallahassee, FL 32301

**Re: Jubilee Real Estate Corporation**

Dear Ms. Leggett:

Per your request, please find the Certificate of Existence from Wyoming.

Please let me know if you require anything further to process these documents.

Sincerely,

A handwritten signature in cursive script, appearing to read 'Mary E. King'. Below the signature, the text 'Mary E. King Esq.' is printed.

Mary E. King Esq.

Enclosures as stated

2017 NOV 6 PM 4:59



F17000005010

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

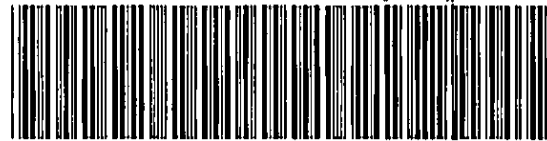
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200304244672

10/19/17--01023--021 \*\*70.00

J. LEGGETT  
NOV - 7 2017

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

17 NOV - 7 PM 3:19

FILED





FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 20, 2017

CATHY BURKERT  
115375 JEANS RD  
LEMONT, IL 60439 US

SUBJECT: AMERICAN CONCRETE RESTORATIONS, INC  
Ref. Number: W17000083880

We have received your document for AMERICAN CONCRETE RESTORATIONS, INC and your check(s) totaling \$70.00. 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 the corrected original and one copy of 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) 254-6051.

Judy A Leggett  
Regulatory Specialist II  
Registration Section

Letter Number: 717A00021229

2017 NOV - 7 AM 9:55



## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** American Concrete Restorations, Inc.

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Cathy Burkert

Name of Person

American Concrete Restorations, Inc.

Firm/Company

115375 Jeans Rd.

Address

Lemont, Rd # 60439

City/State and Zip code

Shaunna@Keandf.com

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

For further information concerning this matter, please call:

Cathy Burkert

Name of Person

at ( 630 ) 887-0670

Area Code

Daytime Telephone Number

**STREET/COURIER ADDRESS:**

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

**MAILING ADDRESS:**

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

Enclosed is a check for the following amount:

- ☒ \$70.00 Filing Fee    ☐ \$78.75 Filing Fee & Certificate of Status    ☐ \$78.75 Filing Fee & Certified Copy    ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy



**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. American Concrete Restorations, Inc

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Illinois

(State or country under the law of which it is incorporated)

3. 68-0556208

(FEI number, if applicable)

4. 6/18/2003

(Date of incorporation)

5. \_\_\_\_\_  
(Date of duration, if other than perpetual)

6. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 11 S 375 Jeans Rd Lemont IL 60439

(Principal office address)

(Current mailing address, if different)

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

Name: Karen Cotter

Office Address: 254 Catalan Blvd NE

Saint Petersburg, Florida 33704  
(City) (Zip code)

9. Registered agent's acceptance:

*Having been named as registered agent and to accept service of process for the above stated corporation 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.*



(Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

FILED  
17 NOV -7 PM 2:19  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA



11. Names and business addresses of officers and/or directors:

**A. DIRECTORS**

Chairman: Cathy Burkert

Address: 11 S 375 Jeans Rd Lemont IL 60439

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS**

President: Cathy Burkert

Address: 11 S 375 ~~Jeans~~ Jeans Rd Lemont IL 60439

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

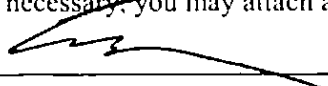
Secretary: \_\_\_\_\_

Address: \_\_\_\_\_

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12.  \_\_\_\_\_  
Signature of Director or Officer

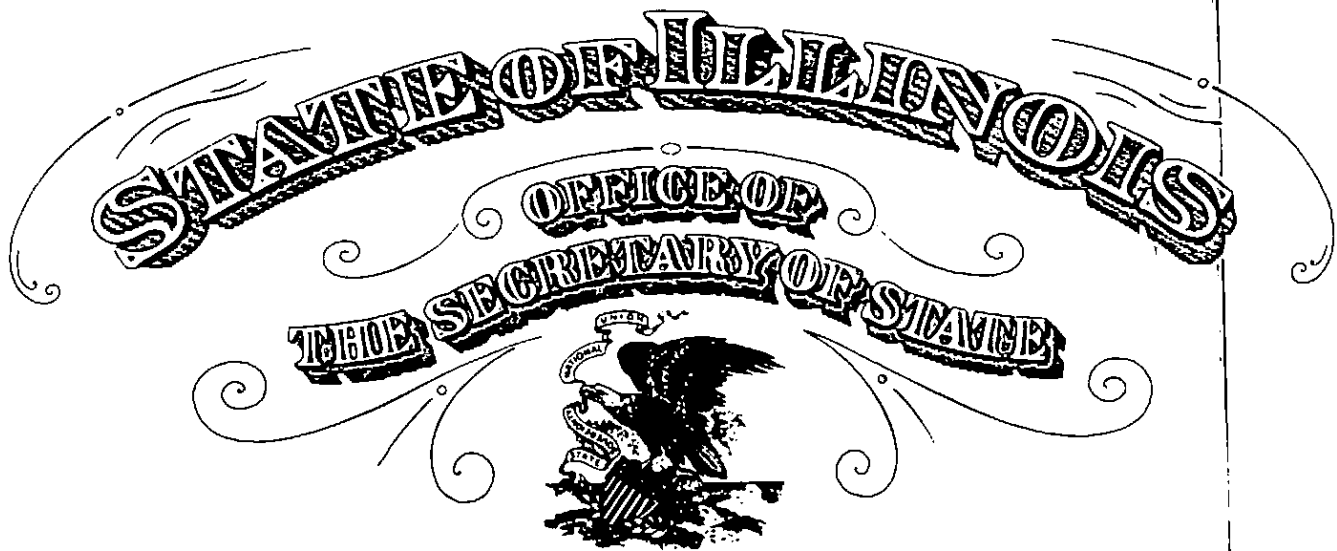
The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

13. Cathy Burkert  
(Typed or printed name and capacity of person signing application)



File Number

6291-426-2



***To all to whom these Presents Shall Come, Greeting:***

*I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

AMERICAN CONCRETE RESTORATIONS, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON JUNE 18, 2003, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE RELATING TO THE PAYMENT OF FRANCHISE TAXES, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

***In Testimony Whereof, I hereto set***  
*my hand and cause to be affixed the Great Seal of*  
*the State of Illinois, this 2ND*  
*day of NOVEMBER A.D. 2017 .*



Authentication #: 1730602218 verifiable until 11/02/2018

Authenticate at: <http://www.cyberdriveillinois.com>

*Jesse White*

SECRETARY OF STATE