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TO:

TO:	Registration Section Division of Corporation	ns	*	·		
SUBJI	ECT: JL CLASSIC HOM					
		Name of	Limited Liability Co	mpany		
					insact Business in Florida," C company to transact busines	
Please	return all correspondence of	concerning this matter to the	following:			
	Jacqueline Y	. Seabrooks				
		N	ame of Person			
	JL CLASSIC	HOMES, LLC				
		F	irm/Company			
	405 HIGH P	OINT BLVD APT D				
	<u> </u>		Address			
	DELRAY BEA	CH FL 33445	tate and Zip Code			
		Cliyis	nate and Zip Code			
	Seabrooksjy@g					
		E-mail address: (to be use	d for future annual re	eport not	ification)	
For fur	ther information concerning	g this matter, please call:				
	Jacqueline Y. Seabro	oks	at (850)	322-96	667	
	Name o	of Contact Person	Area Code	Day	time Telephone Number	
	MAILING ADDRESS: Division of Corporation: Registration Section P.O. Box 6327 Tallahassee, FL 32314		E R C 2	Division Registrati Hifton B 661 Exe	ADDRESS: of Corporations ion Section uilding reutive Center Circle see, FL 32301	
Enclos	ed is a check for the follow	ring amount: ☐ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filing Certified Copy	Fee &	☐ \$160.00 Filing Fee, Cert 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;

(If name unavailable, enter a Liability Company," "L.L.C,	Iternate name adopted for the purpose of trans " or "LLC.")	acting business in Florida. The alternate na	ne must include "Limited
2. Nevada	of which foreign limited liability	(FEI number, if applicable	
company is organized)	or which foreign immed hability	(rea number, ii appacanie)
4			_
	(Date first transacted business in Flor (See sections 605.0904 & 605.0905, F.S.)	rida, if prior to registration.) S. to determine penalty liability)	
5. 405 HIGH POINT BLVD	APT D DELRAY BEACH FL 33445		_
	(Street Address of Principal	Office)	_
6			452
	(Mailing Address)		- い
7. Name and street addres	ss of Florida registered agent: (P.O. Box	NOT acceptable)	D PH 3: 22
Name:	Registered Agents Inc.		ψ.
Trans.			12
0.07	3030 N. Rocky Point Dr. STE 150A		_
Office Address:	3030 N. Rocky Point Dr. STE 150A		•
Office Address:	Tampa	Florida 33607	· -
Registered agent's accep	Tampa (City)	Florida 33607 (Zip code)	· _
Registered agent's accep Having been named as re designated in this applica to complywith the provisi	Tampa (City)	Florida 33607 (Zip code) rocess for the above stated limited liab registered agent and agree to act in the	— ility company at the pla iis capacity. I further ag
Registered agent's accep Having been named as re designated in this applica to complywith the provisi	Tampa (City) tance: gistered agent and to accept service of pation, I hereby accept the appointment as ons of all statutes relative to the proper a	Florida 33607 (Zip code) rocess for the above stated limited liab registered agent and agree to act in th and complete performance of my dutie	— ility company at the pla iis capacity. I further ag
Registered agent's accep Having been named as re designated in this applica to complywith the provisi accept the obligations of t	Tampa (City) stance: registered agent and to accept service of partion, I hereby accept the appointment as ons of all statutes relative to the proper any position as registered agent.	Florida 33607 (Zip code) rocess for the above stated limited liab registered agent and agree to act in th and complete performance of my duties t's signature)	— ility company at the pla iis capacity. I further ag

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.

Jacqueline Y. Seabrooks

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, Barbara K. Cegavske, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **JL CLASSIC HOMES**, **LLC**, as a limited liability company duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since August 25, 2017, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on September 8, 2017.

Ballons K. Cegarske

Barbara K. Cegavske Secretary of State

Electronic Certificate
Certificate Number: C20170908-0501
You may verify this electronic certificate
online at http://www.nvsos.gov/