

M17000610326

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

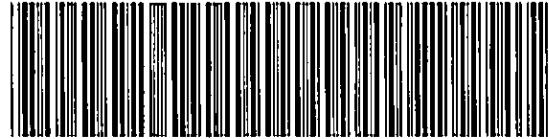
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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RECEIVED
17 DEC -6 AM 7:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

November 30, 2017

To Whom It May Concern:

This letter is a request for us to register new business in Florida. Please see attached application and cover letter. Could you please send them to me as soon is possible?

Included please find the return envelope with UPS ready label for your convenient.

Please contact Izabella Gluchowski in case you have any questions at (727) 201-2832,ext 207.

Thank you,

Izabella Gluchowski

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JUSTSMR 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:

NEIL ORKIN
Name of Person

JUSTSMR LLC
Firm/Company

3903 GULF BLVD
Address

ST PETE BEACH FL 33706
City/State and Zip Code¹

IZABELLA@SUMMERDALE.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

IZABELLA GLUMOWSKI at (727) 201-2832
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 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. JUSTSHR 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. DELAWARE STATE 3. 92-3361013
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. NONE YET
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 3803 GULF BLVD 6. 3803 GULF BLVD
(Street Address of Principal Office) (Mailing Address)
ST PETE BEACH, FL 33706 ST PETE BEACH FL 33706

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

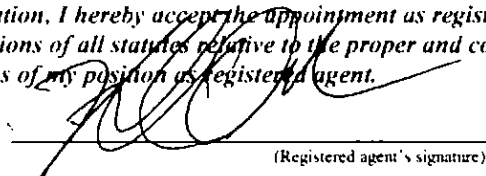
Name: NEIL ORKIN

Office Address: 5300 62nd AVE. S

ST PETERSBURG, Florida 33715
(City) (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)

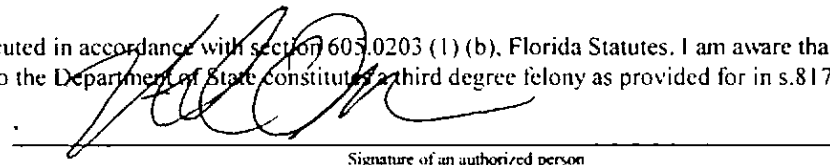
8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
<u>MANAGER</u>	<u>NEIL ORKIN</u> <u>5300 62ND AVE S</u> <u>ST PETERSBURG, FL 33715</u>	<u>MANAGER</u>	<u>DARIUSZ GWUCHOWSKI</u> <u>5465 BATES ST</u> <u>SEMINOLE, FL 33772</u>

(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

NEIL ORKIN
Typed or printed name of signer

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "JUSTSMR 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-NINTH DAY OF NOVEMBER, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "JUSTSMR LLC" WAS FORMED ON THE FIRST DAY OF NOVEMBER, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.



6600145 8300

SR# 20177290806

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 203649806

Date: 11-29-17