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Florida Department of State

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To:	Eivision of Corporations Fax Number : (850)617-6383		
From:	Account Name : C T CORPORATIO Account Number : FCA000000023 Phone : (614)280-3335 Fax Number : (954)208-0845	N SYSTEM	
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	Foreign Limited Liabili JBL LAKE WALDI Certificate of Status	• • •	小川 22

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

IN COMPLIANCE WITH SECTION 605.0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN-LIMITED LIADULTY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1 JBL LAKE WALDEN, LLC

2. Delaware (Jurisdiction under the law of which 4	h foreign limited liability company is organized)	3.					
(Jurischehon under the law of which	h toreign limited liability company is organized)						
4				(FEI aumber, if applica			
4							
	(Date first impacted husiness in Florida, if prior ((See sections 605,0004 & 605,0005, F.S. to deter	to registration	1)			To a	
				C		<u>1</u>	۰.
5. 2028 Harrison Street, Su (Street Address of Pro-		б,	2028 Harrison	(Mailmy Address)		-1	-
Hollywood, FL 33020	separ Cross)		Hollywood, FL			57	-
							} 7
	·						•
						? .	
7. Name and street address	of Florida registered agent: (P.O. Be	x <u>NOT</u>	acceptable)			T 21	
	C T Corporation System				A3 64	ۍ ا	
Name:	C. T. C.O. poration 53 stem						
Office Address:	1200 South Pine Island Road						
	Plantation		, Florida	33324			
	(Cxy)		, , , , , , , , , , , , , , , , ,	(Lip code)	_		
Registered agent's accepta	ince:					1	
Having been named as reg	istered agent and to accept service of	process	for the above st	ated limited liab	нигу сотра Кіх сапасію	ny ai in T farili	с рійсс ілт пота
designated in this application	on, I hereby accept the appointment ns of all statutes relative to the prop	as regisi	erea ageni ana molete perform	agree to act in a ance of my duti	es. and Lam	familia	ir with
and accent the abligations	of my position as registered agent.	/ :	impicie perjorni.			<i>,</i>	
• ···	000	Kila	4 Jacquer	Kimberly L	aughrev		
-							
	(Registered agent	៖ agaiture)					
8. The name title or capar	ity and address of the person(s) who	has/have	authority to man	age is/are:			
Title or Capacity:	Name and Address:	Ţ	itle or Capacity	<u>1 N</u>	lame and Ac	ddress:	
	Jacob Khotoveli						
Manager	2028 Harrison Street, Suite					_	
	Hollywood, FL 33020	217					
				_	_		

(Use attachments if necessary)

9. Attached is a certificate of existence, no more than 90 days old, duly anthenticated 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.

	Ar 265	
	Sugnature sit an authorized period	
Jacob Khotoveli	<u> </u>	
	Typed or printed name of signee	

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Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "JBL LAKE WALDEN, 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-FIRST DAY OF JUNE, A.D. 2018.

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



Authentication: 202934248 Date: 06-21-18

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SR# 20185297529 You may verify this certificate online at corp.delaware.gov/authver.shtml