

M18000006243

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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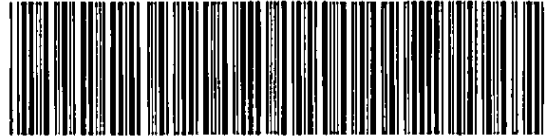
(Business Entity Name)

(Document Number)

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JUL -6 2018

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: JACOBI PROPERTIES 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:

DAVID JACOBI

Name of Person

JACOBI PROPERTIES LLC

Firm/Company

6512 SHERWOOD DRIVE

Address

KNOXVILLE, TN 37919

City/State and Zip Code

dgjacobi@yahoo.com

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

For further information concerning this matter, please call:

DAVID JACOBI

865

803-9174

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

1. JACOBI PROPERTIES 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. STATE OF TENNESSEE 3. 26-1939187
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. JUNE 18, 2018
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 6512 SHERWOOD DRIVE
(Street Address of Principal Office)
KNOXVILLE, TN 37919

6. 6512 SHERWOOD DRIVE
(Mailing Address)
KNOXVILLE, TN 37919

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

Name: WES WARREN

Office Address: 12805 U.S. HIGHWAY 98 EAST, SUITE D201

INLET BEACH, Florida 32461
(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.

DocuSigned by:
Wes Warren
(Registered agent's signature)
D6DCBCA027724FA

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

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<u>MEMBER</u>	<u>DAVID JACOBI</u> <u>6512 SHERWOOD DRIVE</u> <u>KNOXVILLE, TN 37919</u>	<u>MEMBER</u>	<u>STACY JACOBI</u> <u>6512 SHERWOOD DRIVE</u> <u>KNOXVILLE, TN 37919</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.

David Jacobi
Signature of an authorized person

DAVID JACOBI
Typed or printed name of signer



Tre Hargett
Secretary of State

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SECRETARY OF STATE
FALL LINE, TN 37203

Division of Business Services

Department of State

State of Tennessee

312 Rosa L. Parks AVE, 6th FL

Nashville, TN 37243-1102

DAVID JACOBI
6512 SHERWOOD DRIVE
KNOXVILLE, TN 37919

June 30, 2018

Request Type: Certificate of Existence/Authorization

Request #: 0281649

Issuance Date: 06/30/2018

Copies Requested: 1

Document Receipt

Receipt #: 004166480

Filing Fee: \$20.00

Payment-Credit Card - State Payment Center - CC #: 3734102021

\$20.00

Regarding: JACOBI PROPERTIES, LLC.

Filing Type: Limited Liability Company - Domestic

Formation/Qualification Date: 08/01/2007

Status: Active

Duration Term: Perpetual

Business County:

Control #: 555084

Date Formed: 08/01/2007

Formation Locale: TENNESSEE

Inactive Date:

CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

JACOBI PROPERTIES, LLC.

* is a Limited Liability Company duly formed under the law of this State with a date of incorporation and duration as given above;

* has paid all fees, interest, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;

* has filed the most recent annual report required with this office;

* has appointed a registered agent and registered office in this State;

* has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Tre Hargett
Secretary of State

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