M18000007539

(Re	equestor's Name)		
(Ad	dress)		
(Ac	ldress)		
(Cit	ty/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Bu	siness Entity Nar	ne)	
(Do	ocument Number)		
Certified Copies	_ Certificates	s of Status	
Special Instructions to	Filing Officer:		
	·		139
		۶II ⁰	W18-5101
L			

Office Use Only



800314383048

05/11/18--01032--005 **87.50

US/14/18--616:1 -61: **42.5:

233 AUS 10 PH 5:01

B FIGUEROA AUG 15 2018



June 15, 2018

JEFFREY H RICHARDS 1263 GREEN OAK TRL PORT CHARLOTTE, FL 33948

SUBJECT: JBCDC, LLC

Ref. Number: W18000056139

We have received your document for JBCDC, LLC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is incorrect. If you are trying to register a foreign LLC to transact business in FLorida, please complete the enclosed form.

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) 245-6051.

Brittany M Figueroa Regulatory Specialist II Registration/Qualification Section

Letter Number: 818A00012566

COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT:	JBCOC, LLC					
	Name of Limited Liability Company					
	pplication by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of neck 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:					
	VEFF RICHARDS					
Name of Person						
VBCDC, LLC						
	Firm/Company					
1263 GREEN OAK TRL						
PORT Charlotte, FL 33948						
	VEFF @ REFERVAL STARS . COM					
	E-mail address: (to be used for future annual report notification)					
For further infor	nation concerning this matter, please call:					
\vee	EFF RICHARDS = 1941, 875-3366					
	Name of Contact Person Area Code Daytime Telephone Number					
Divisio Registr P.O. Bo	NG ADDRESS: of Corporations tion Section x 6327 Seec, Fl. 32314 Seec, Fl. 32314 Seec, Fl. 32301 STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, Fl. 32301					
Enclosed is a ch ☐ \$125	ck for the following amount: .00 Filing Fee \$\sum_{\text{S}}\$\$\$ \$130.00 Filing Fee & \$\sum_{\text{S}}\$\$\$ \$155.00 Filing Fee & \$\sum_{\text{S}}\$\$\$\$ \$160.00 Filing Fee, Certificate of Status & Certified Copy of Status & Certified Copy					
	#87.50 already pent 42,50 enclosed					
	42,50 enclosed					

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

IN COMPLIANCE WITH SECTION (COMPANY TO TRANSACT BUSINES		LLOWING IS SUBMITTED TO RE	EGISTER A FOREIGN LIMITED LIABILITY
	JRCING L	LC	
1(Name of Foreign Limite	d Liability Company; must include "Eimited	Liability Company," "L.L.C.," or "L	I.C.")
(If name unavailable, enter alternate name add	opted for the purpose of transacting business in Florid	da. The alternate name must include "Limit	ted Liability Company," "L.L.C," or "LLC.")
New HAM	PSHIRE	02-0	517257
(Jurisdiction under the law of which to	righ limited liability company is organized)	(FE	I number, (f applicable)
1	VULU /	2018	
	Date first transacted business in Florida, it prior to re See sections 605,0904 & 6(5),0905, F.S. to determine	gistration.) e penalty liability)	
1283 Small	EN OAK	6 SAV	nc _
(Street Address of Principal	Office)	Marlir	ng Address)
FORT CHI	ALIONE FL		
	<i>35</i> 748		
5 M M		NOT	- /3G
7. Name and street address of f	Florida registered agent: (P.O. Box	NO1_acceptable)	AUG
Name:	JEFF KICHARD	7	
Office Address:	263 FREEN OF	ar TRL	OBIDI
-	Post Charl	1 Florida 3	3448 " = -
		, Florida	Zip code)
Registered agent's acceptance			
			nited liability company at the place o act in this capacity. I further agree
	of all signes relative to the proper		
and accept the obligations of y	ly position of robistered agont	\rightarrow $)$	
	XXXXX		
	(Registered agent's sa	gnature)	
	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:
		Member	BU KIEKARDY
			DOUT CHAPLOTTE
			MORI CHARUSTON
711	-		
(Use attachments if necessary)			
	distence, no more than 90 days old, d		
jurisdiction under the law of whoof the translator must be submit		is in a foreign language, a tra	inslation of the certificate under oath
 This document is executed in a document to the land. 	in accordance with section 603 (203) Department of Stand constitutes whire	(1) (b) Florida Statutes. I am	aware that any false information for in \$ 817,155, F.S.
sammed in a document to the	A State of the sta	Sacgregiciony is provided it	or maderity of 1.3.
	Silvabire i	f an authorized person	
	/)	
	_ (/EFFK)	CHARDS'	
	Typed or p	orinted name of signee	

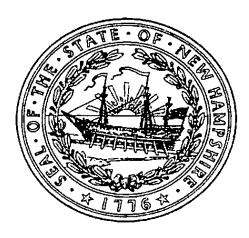
State of New Hampshire Department of State

CERTIFICATE

1. William M. Gardner. Secretary of State of the State of New Hampshire, do hereby certify that JBCDC, LLC is a New Hampshire Limited Liability Company registered to transact business in New Hampshire on October 07, 2010. I further certify that all fees and documents required by the Secretary of State's office have been received and is in good standing as far as this office is concerned.

Business ID: 637197

Certificate Number: 0004105774



IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed the Seal of the State of New Hampshire, this 6th day of June A.D. 2018.

William M. Gardner Secretary of State