M18000011687

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Sacritoco Linny riemo)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
<u></u>





400321418694

12/14/18--01014--025 **175.00

18 DEC 14 PH 4: 19
SECRETARY OF STATE

C CAVE DEC 28 2018

	COVER LETTER
TO: Registration Section Division of Corporations	
SUBJECT: DL	JD Holdings, LLC Name of Hmited Liability Company
	Name of Hmited Liability Company
	gn Limited Liability Company for Authorization to Transact Business in Florida," Certificate of to register the above referenced foreign limited liability company to transact business in Florida.
Please return all correspondence cor	ncerning this matter to the following:
	Donna Fraleigh Name of Person
	DLJD Holdings LLC Firm/Company
	315 3rd Avenue N
	Address
	Jax Beach FL 32250 City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
For further information concerning	
<u>Donna Fra</u>	Contact Person Area Code Daytime Telephone Number
	STREET ADDRESS:
MAILING ADDRESS: Division of Corporations	Division of Corporations
Registration Section	Registration Section
P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle Tallahassee, F1, 32301
Enclosed is a check for the followin	g amount:
\$125.00 Filing Fee	\$130.00 Filing Fee & Status St

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

	TION 605,0902, FLORIDA STATUTES SINESS IN THE STATE OF FLORIDA	•	SUBMITTI:D	TO REGISTER A FORE	IGN LIMITED LIABILITY
1. DLJD	Holdings LL .imited Liability Company; must includ	<u></u>			
(Name of Foreign I	limited Liability Company; must includ	e "Limited Liability Com	ipany," "L.L.C.,"	" or "LLC.")	
06 111 h	me adopted for the purpose of transacting busi	tana ta mana ana ana ana		mi to to air to billion are	701 t C 7 as of LC 7.
2. State 0 (Jurisdiction under the law of wh	COVATA sch foreign hirate@fability company is organiz	3	83-2	6794/1 (FEI number, if applicable	:1
_	- , , , ,				
4. <u>Dec</u>	ember 29 2018 (Date first transacted business in Florida, (See sections 605,0904 & 605,0905, F.S.	·			
	(Date first transacted business in Florida, (See sections 605.0904 & 605.0905, F.S.	, it prior to registration) , to determine penalty liability	y)		
5. <u>948 She</u> 4	er Ave	6		Same (Mailing Address)	
·	•			(Mailing Address)	
Jacksonvill	le Beach FL 3225	50 <u> </u>			
	,				
7. Name and street address	s of Florida registered agent: (P	O. Box <u>NOT</u> accep	otable)		
	, ,				
Name:	Donna H Fra.	leigh			
	Donna H Fra.	J.,,	_		
Office Address:	948 Shetter	Ave			
	Marker III R	/		20255	
	Jacksonville Be	ach	Florida _	<u> </u>	
Registered agent's accept	tance:				
	gistered agent and to accept ser tion, I hereby accept the appoin				· ·
to comply with the provisi	ons of all statutes relative to the	proper and comple	***	•	
ana accept the obugations	of my position as registered ag				
	LOone	ed agent's signature)	uit,	Secretary	
	(Ке्यानल	cu ageni s signature)	0'		

	****			.1 . /	1 1 ./1		
ō.	i ne name.	, title or capacii	y and address or	the person(s)	who has/have author	orny to manage is/ar	U.

Trans.	4	Canacity:
IIII	α r	I SOSCIIV

Name and Address:

Managing Member	Richard S Campbell
3 3	601 S Nelson St
	Hahira, GA 31632
Managing Member	James L Fraleigh
	915 3rd Ave N
	Jacksonville, Beach, FL 32250
Secretary	Donna H Fraleigh 915- 3ra Ave N
	915- 3ra Ave N
	Jacksonville Beach FL 32250
Treasurer	Lori Campbell
	601 S Nelson St
	Hahira, GA 31632

(Use attachments if necessary)

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.

Donna H Fraleigh Secretary

Typed or printed name of signee

^{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)

Control Number: 18135254

STATE OF GEORGIA

Secretary of State

Corporations Division 313 West Tower 2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, Robyn A. Crittenden, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

DLJD Holdings, LLC a Domestic Limited Liability Company

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number : 16307920 Date Inc/Auth/Filed: 10/31/2018 Jurisdiction : Georgia Print Date : 12/11/2018

Form Number : 211



Robyn A. Crittenden
Secretary of State