

M19000000767

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

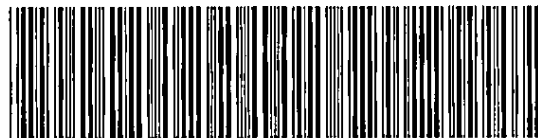
Certified Copies _____ Certificates of Status _____

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Please
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Office Use Only

Penalty &
✓ DBA W19-6498



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01/17/19--01007--001 **160.00

19 JAN 17 AM 8:34

19 JAN 23 AM 5:00

FILED

FILED
TALLAHASSEE, FLORIDA

K. SALY

JAN 23 2019



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 18, 2019

JAMES DOBSON

AUSTINTOWN, OH 44515 US

SUBJECT: JIMMY D ENTERPRISES LLC
Ref. Number: W19000006498

We have received your document for JIMMY D ENTERPRISES LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 607.1502(4), 617.1502(4) or 605.0904(7), Florida Statutes, this entity is liable for a civil penalty of at least \$500 but not more than \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification. In addition to this civil penalty, the appropriate annual report fees that would have been due this office had the entity qualified the year it began operations in this state are also due. The amount due this office to cover both annual report(s) and penalty fees is \$1,610.00.

There is a balance due of \$1610.00.

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing an application and submitting the appropriate fees to this office.

Please return 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.

Karen A Saly
Regulatory Specialist II

Letter Number: 819A00001440



REPLY TO: TALLAHASSEE

RECEIVED
19 JAN 23 AM 10:00

CATHERINE B. CHAPMAN^o
ROBERT D. FINGAR^{***}
THOMAS J. GUILDAY
GEORGE W. HATCH, III^{*}
FRANCES C. LOWE^o
JAKEN E. ROANE
WILLIAM R. SICKLER^{oo}
MARY K. SIMPSON^{**}
JAMIE R. TASKER
MICHAEL D. WEST

January 23, 2019

OF COUNSEL
H. MICHAEL MADSEN

* BOARD CERTIFIED CONSTRUCTION LAWYER
** BOARD CERTIFIED CIVIL TRIAL LAWYER
*** CERTIFIED CIRCUIT CIVIL &
APPELLATE MEDIATOR
^o ALSO ADMITTED IN GA
^{oo} ALSO ADMITTED IN AL

A MEMBER OF
THE HARMONIE GROUP

Delivery Via Hand Delivery

Karen Saly
Florida Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RE: Jimmy D. Enterprises, LLC

Dear Karen:

It was a pleasure speaking with you this morning. I have enclosed the corrected paperwork as discussed, taking the d/b/a off of the subject line. I also corrected #4 to reflect the correct date of conducting business in Florida which is October 21, 2018. I inadvertently put the date they started the business in Ohio. Please call me at my direct line at (850) 701-4345 if you have any questions.

Thank you so much for your assistance in this matter.

Sincerely,

Melissa Terry

/mt

GUILDAY, SIMPSON, WEST, HATCH, LOWE & ROANE, P.A.

guildaylaw.com

1983 CENTRE POINTE BLVD., SUITE 200
TALLAHASSEE, FL 32308-7823
T: 850.224.7091 F: 850.222.2593

68A FELI WAY
CRAWFORDVILLE, FL 32327
T: 850.926.8245 F: 850.926.2396

217 MIRACLE STRIP PARKWAY, SE, SUITE 121
FORT WALTON BEACH, FL 32548
T: 850.737.2696

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Jimmy D. Enterprises, 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:

James Dobson

Name of Person

Jimmy D. Enterprises, LLC

Firm/Company

5547 Mahoning Avenue, Suite 329

Address

Austintown, OH 44515

City/State and Zip Code

dobson.sp9960@gmail.com

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

For further information concerning this matter, please call:

James Dobson

330

609-8543

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:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$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. Jimmy D. Enterprises, 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. Ohio 3. 45-1472424
(Jurisdiction under the law of which foreign limited liability company is organized) (FLE number, if applicable)

4. October 21, 2018
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 3600 Younstown Rd. SE 6. 5547 Mahoning Avenue, Suite 329
(Street Address of Principal Office) (Mailing Address)

Warren, OH 44484 Austintown, OH 44515

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

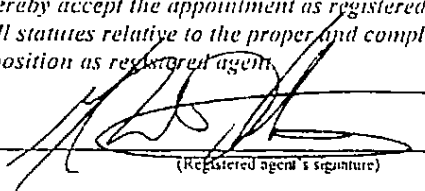
Name: George W. Hatch, III, Esquire

Office Address: 1983 Centre Pointe Blvd., Suite 200

Tallahassee 32308
(City) , Florida (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)

FILED
19 JAN 23 AM 5:00
TALLAHASSEE, FLORIDA

FIL-7D
19 JAN 23 AM 5:00
SEAL
TALLAHASSEE, FLORIDA

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage (up to six (6) total):

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: <u>James Dobson</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>3600 Younstown Rd. SE</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>Warren, OH 44484</u>	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input checked="" type="checkbox"/> Other <u>Owner</u>	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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.

James P. Dobson

Signature of an authorized person

James Dobson

Typed or printed name of signer

UNITED STATES OF AMERICA
STATE OF OHIO
OFFICE OF THE SECRETARY OF STATE

FILED
19 JAN 23 AM 5:00
TALLAHASSEE, FLORIDA

I, Frank LaRose, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show JIMMY D ENTERPRISES LLC, an Ohio For Profit Limited Liability Company, Registration Number 2005453, was organized within the State of Ohio on March 18, 2011, is currently in FULL FORCE AND EFFECT upon the records of this office.



*Witness my hand and the seal of the
Secretary of State at Columbus, Ohio
this 16th day of January, A.D. 2019.*

Frank LaRose

Ohio Secretary of State

Validation Number: 201901603130