

M1900001852

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

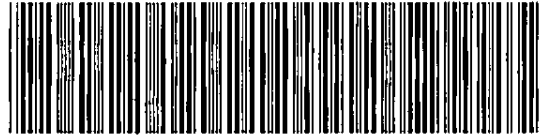
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer.

Office Use Only



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02/13/19--01012--005 **52.50

02/22/19--01011--016 **102.50

19 FEB 22 PM 2:18

2019 FEB 21 - A 10:40

FILED

CALIFORNIA DEPARTMENT OF REVENUE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 14, 2019

SUNSHINE CORPORATE FILING OF FLORIDA INC.
3458 LAKESHORE DRIVE
TALLAHASSEE, FL 32312

SUBJECT: JORDAN RESTORATION, INC.
Ref. Number: F18000004221

*Please use
*Credit**
Filing abandoned

We have received your document for JORDAN RESTORATION, INC. and your check(s) totaling ~~(\$52.50)~~. However, the enclosed document has not been filed and is being returned for the following correction(s):

An Affidavit by Foreign Corporation to change/add office(s) and/or director(s) can only be filed during the first calendar year of qualification. In order to make changes to the officer/directors of the corporation. The current year annual report can be filed on line at this time at www.sunbiz.org.

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) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 419A00003242

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2019 FEB 21 AM 10:40

19 FEB 21 AM 11:43

SUNSHINE CORPORATE FILING OF FLORIDA INC.

3458 Lakeshore Drive, Tallahassee, Florida 32312

(850) 656-4724

DATE 2/21/2019

****WALK IN****

ENTITY NAME AKJ WHOLESALE, LLC

DOCUMENT NUMBER _____

****PLEASE FILE THE ATTACHED AND RETURN****

XXX

Plain Copy

Certified Copy

Certificate of Status

****PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY****

Certified Copy of Arts & Amendments

Certificate of Good Standing

****APOSTILLE' / NOTARIAL CERTIFICATION****

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL OWED \$155.00

CHECK # 5794 \$102.50

Credit \$52.50 - See attached

Please call Tina at the above number for any issues or concerns. Thank you so much!

Trial	Control (n = 10)	MCI (n = 10)	AD (n = 10)
1	95	85	75
2	95	85	75
3	95	80	70
4	95	75	65
5	95	75	65

**TO: Registration Section
Division of Corporations**

SUBJECT: AKJ WHOLESALE, 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:

Robin Ewers

Name of Person

John B. Barry, LLC
Firm/Company

300 Allegheny Avenue
Address

Towson, MD 21201

City/State and Zip Code

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

For further information concerning this matter, please call:

_____ 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

2019 FEB 21 AM 10:41

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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. AKJ WHOLESALE, 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. MARYLAND 3. FIN#:20-3905442
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. FEBRUARY 01, 2018
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 4702 BENSON AVENUE 6. 4702 BENSON AVENUE
(Street Address of Principal Office) (Mailing Address)
HALETHORPE, MD 21227 HALETHORPE, MD 21227

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

Name: NRAI SERVICES, INC.

Office Address: 1200 SOUTH PINE ISLAND ROAD

PLANTATION, Florida 33324
(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.

Maria Garcia Maria Garcia-Asst Secretary
(Registered agent's signature)

FILED
2019 FEB 21 AM 11
CLERK OF CIRCUIT COURT
JACKSONVILLE, 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]:

Title or Capacity: Name and Address:

☒ Manager Name: Timothy Thompson

☐ Member Address: 4702 Benson Avenue

☐ Authorized Halethorpe, MD 21227

Person _____

☒ Other Managing Member ☐ Other _____

Title or Capacity: Name and Address:

☐ Manager Name: Jim Seba

☐ Member Address: 4702 Benson Avenue

☐ Authorized Halethorpe, MD 21227

Person _____

☒ Other Authorized Member ☐ Other _____

☐ Manager Name: Anthony Libonate

☒ Member Address: 4702 Benson Avenue

☐ Authorized Halethorpe, MD 21227

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: Brian Schlessinger

☒ Member Address: 4702 Benson Avenue

☐ Authorized Halethorpe, MD 21227

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: Samuel Collins

☒ Member Address: 4702 Benson Avenue

☐ Authorized Halethorpe, MD 21227

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____


Person _____

☐ Other _____ ☐ 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.


Signature of an authorized person

Timothy C. Thompson
Typed or printed name of signer

STATE OF MARYLAND
Department of Assessments and Taxation

I, MICHAEL L. HIGGS OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO LIMITED LIABILITY COMPANIES, OR THE RIGHTS OF LIMITED LIABILITY COMPANIES TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT AKJ WHOLESALE, LLC (W10977353), REGISTERED NOVEMBER 23, 2005, IS A LIMITED LIABILITY COMPANY EXISTING UNDER AND BY VIRTUE OF THE LAWS OF THE STATE OF MARYLAND, AND THAT THE LIMITED LIABILITY COMPANY IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING TO TRANSACT BUSINESS.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS FEBRUARY 20, 2019.



Michael L. Higgs
Director



301 West Preston Street, Baltimore, Maryland 21201
Telephone Baltimore Metro (410) 767-1340 / Outside Baltimore Metro (888) 246-5941
MRS (Maryland Relay Service) (800) 735-2258 TTY/Voice

Online Certificate Authentication Code: kDeo9z6HAUa8NpG-PDt_aQ
To verify the Authentication Code, visit <http://dat.maryland.gov/verify>

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BALTIMORE, MD