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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

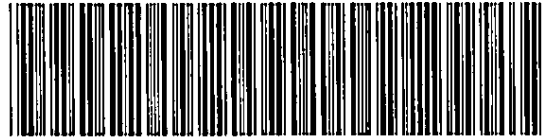
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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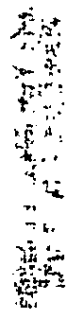
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FILED

JUN 14 2019
Z BROWN

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JAB Holdings, 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:

Sasha L. Eastburn, Esq.

Name of Person

Eastburn Law Firm, PA

Firm/Company

31 Birmingham Street

Address

Santa Rosa Beach, FL 32459

City/State and Zip Code

sasha@eastburnlaw.com

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

For further information concerning this matter, please call:

Sasha L. Eastburn

850

830-1615

Name of Contact Person

at (_____) _____

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. JAB Holdings, LLC

Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC."

JAB Holdings of KY, 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. Kentucky

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 82-5379324

(FEI number, if applicable)

4. 04/08/2019

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

5. 4520 Louisville Road

(Street Address of Principal Office)

Bowling Green, KY 42101

6. 4520 Louisville Road

(Mailing Address)

Bowling Green, KY 42101

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

Name: Eastburn Law Firm, PA

Office Address: 5235 E County Hwy 30A, Ste 3

Santa Rosa Beach

(City)

, Florida

32459

(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)

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JUN 05 2019

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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: Joseph Allen

☐ Member Address: 4520 LOUISVILLE ROAD

☐ Authorized BOWLING GREEN, KY 42101

Person _____

☐ Other _____ ☐ Other _____

Title or Capacity: Name and Address:

☒ Manager Name: Christian Volkert

☐ Member Address: 1240 FAIRWAY STREET

☐ Authorized BOWLING GREEN KY 42103

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

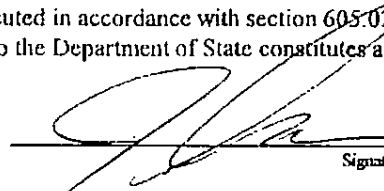
Person _____

☐ 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

Joseph Allen

Typed or printed name of signer

Commonwealth of Kentucky
Alison Lundergan Grimes, Secretary of State

Alison Lundergan Grimes
Secretary of State
P. O. Box 718
Frankfort, KY 40602-0718
(502) 564-3490
<http://www.sos.ky.gov>

Certificate of Existence

Authentication number: 214665

Visit <https://app.sos.ky.gov/ftshow/certvalidate.aspx> to authenticate this certificate.

I, Alison Lundergan Grimes, Secretary of State of the Commonwealth of Kentucky, do hereby certify that according to the records in the Office of the Secretary of State,

JAB HOLDINGS, LLC

is a limited liability company duly organized and existing under KRS Chapter 14A and KRS Chapter 275, whose date of organization is May 2, 2018 and whose period of duration is perpetual.

I further certify that all fees and penalties owed to the Secretary of State have been paid; that articles of dissolution have not been filed; and that the most recent annual report required by KRS 14A.6-010 has been delivered to the Secretary of State.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Official Seal at Frankfort, Kentucky, this 12th day of April, 2019, in the 227th year of the Commonwealth.



Alison Lundergan Grimes
Alison Lundergan Grimes
Secretary of State
Commonwealth of Kentucky
214665/1019806

Commonwealth of Kentucky
Alison Lundergan Grimes, Secretary of State

LARP
1019806
Alison Lundergan Grimes
KY Secretary of State
Received and Filed
2/19/2019 11:15:35 AM
Fee receipt: \$15.00

Alison Lundergan Grimes
Secretary of State
P. O. Box 1150
Frankfort, KY 40602-1150
(502) 564-3490
<http://www.sos.ky.gov>

**Annual Report
Online Filing**

ARP

Company: JAB HOLDINGS, LLC
Company ID: 1019806
State of origin: Kentucky
Formation date: 5/2/2018 12:00:00 AM
Date filed: 2/19/2019 11:15:35 AM
Fee: \$15.00

Principal Office

4520 LOUISVILLE ROAD
BOWLING GREEN, KY 42101

Registered Agent Name/Address

JOSEPH ALLEN
4520 LOUISVILLE ROAD
BOWLING GREEN, KY 42101

Members/Managers

Member	Joseph Allen	4520 Louisville Rd
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Signatures

Signature	Joseph Allen
Title	Member