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(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

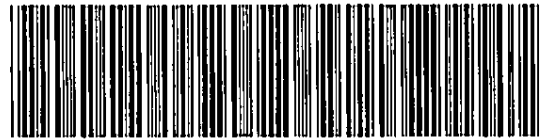
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

name must match cert

W19000038382 7/8

Office Use Only



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19 JUL - 8 PM 2:29

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2019



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 12, 2019

GERALD VANDEVERE
3201 CORMARY RD
AKRON, OH 44319

SUBJECT: JS VANDEVERE PROPERTIES LLC
Ref. Number: W19000038382

We have received your document for JS VANDEVERE PROPERTIES LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please accept our apology for failing to mention this in our previous letter.

The name listed in number one of the application must be identical to the name listed in the certificate of existence.

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.

Brooke N Kinsey
Regulatory Specialist II

Letter Number: 519A00011798

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JUL 08 2019



FLORIDA DEPARTMENT OF STATE
Division of Corporations

239-247-0106

Maggie

Accounting & Supplemental Vocations,
Net

April 18, 2019

GERALD VANDEVERE
3201 CORMARY RD
AKRON, OH 44319

SUBJECT: JS VANDEVERE PROPERTIES LLC
Ref. Number: W19000038382

We have received your document for JS VANDEVERE PROPERTIES LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to s.605.0902(1)(e), Florida Statutes, the document must contain the name, title or capacity and address of at least one person who has the authority to manage the foreign limited liability company.

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) 245-6052.

Brooke N Kinsey
Regulatory Specialist II

Letter Number: 619A00007912

RECEIVED

JUN 10 2019

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

IN COMPLIANCE WITH SECTION 605.06, FLORIDA STATUTES THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA

1. JS VANDEVERE PROPERTIES, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "LLC")

2. (If name unavailable, enter alternate name accepted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "LLC")

3. Ohio 83-2184051
(Jurisdiction under the law of which foreign limited liability company is organized) (Taxpayer ID#)

4. 3201 Cornary Rd
(Date first transacted business in Florida, if prior to registration)
(See sections 605.062 & 605.063, F.S. to determine penalty liability)

5. 3201 Cornary Rd, Akron, OH 44319 6. 3201 Cornary Rd, Akron, OH 44319
(Street Address of Principal Office) (Mailing Address)

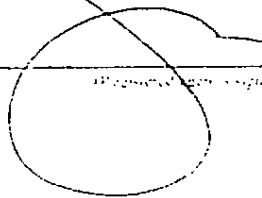
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Judith Lee-Hemstreet
Office Address: 1750 Estero Blvd
Fort Myers Beach 33931
Florida (Zip code)

FILED
19 JUL -8 PM 2:28
SUN JUL 14 2008
TALLAHASSEE, FLORIDA

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)

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).

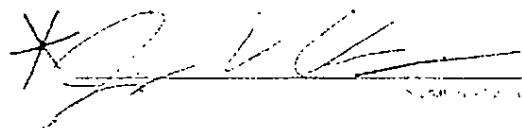
<u>Title or Capacity:</u>		<u>Name and Address:</u>		<u>Title or Capacity:</u>		<u>Name and Address:</u>	
<input type="checkbox"/> Manager	Name	Gerald Vandevere	Gerald J Vandevere	<input type="checkbox"/> Manager	Name	Judith Lee Hamstreet	
<input type="checkbox"/> Member	Address			<input type="checkbox"/> Member	Address	1750 Estero Blvd	
<input type="checkbox"/> Authorized		3201 Conary Rd	Akron, OH 44319	<input checked="" type="checkbox"/> Authorized		Fort Myers Beach, FL	
	Person				Person		33931
<input checked="" type="checkbox"/> Other	President	<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other	
<input type="checkbox"/> Manager	Name:	Rom Hamstreet		<input type="checkbox"/> Manager	Name:		
<input checked="" type="checkbox"/> Member	Address:	8 Avenida Carita		<input type="checkbox"/> Member	Address:		
<input checked="" type="checkbox"/> Authorized		Fort Myers Beach, FL		<input type="checkbox"/> Authorized			
	Person		33931		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	

FILED
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 STATE OF FLORIDA
 DEPARTMENT OF STATE
 TALLAHASSEE, FLORIDA

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 (02)(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. 17.155, F.S.



 Gerald Vandevere

 Secretary of State

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

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 JS VANDEVERE PROPERTIES, LLC, an Ohio For Profit Limited Liability Company, Registration Number 4241149, was organized within the State of Ohio on October 10, 2018, 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 9th day of April, A.D. 2019.*

A handwritten signature in black ink, appearing to read "Frank LaRose".

Ohio Secretary of State

Validation Number: 201909900972