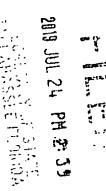
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Office Use Only



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D. BRUCE JUL 24 2019

FLORIDA DEPARTMENT OF STATE Division of Corporations

July 8, 2019

COREY MCGUIRE 3302 SE ST, LUCIE BLVD STUART, FL 34997

SUBJECT: JANE HOLDINGS, LLC Ref. Number: W19000062542

We have received your document for JANE HOLDINGS, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form: $\frac{1}{2}$

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.", also are no longer acceptable.

The document number of the name conflict is L16000110611.

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) 245-6842.

Deborah Bruce Corporate Records Supervisor II 2019 JUL 24 PH 25

Letter Number: 919A00013710

COVER LETTER

• • • • • •

TO:

Registration Section Division of Corporations

SUBJECT:	Jane Holdings, LLC							
SOBJECT.		Name of L	imited Liability	Company				
				cation to Transact Business ir lited liability company to tran				
Please return	all correspondence cond	erning this matter to the f	ollowing:					
	Corey McGuire							
	Name of Person							
	Jane Holdings, LLC							
	Firm/Company							
	3302 SE St. Lucie BLVD							
	Address							
	Stuart, FL 34997				1 2 P			
		City/Sta	ate and Zip Code	e	AND THE PARTY			
	corey@withjane.cor	n						
	E	-mail address: (to be used	for future annua	al report notification)	100 M			
For further in	formation concerning th	is matter, please call:			-			
Cor	rey McGuire		772 at (708-1363				
	Name of C	ontact Person	Area Code	e Daytime Telephone 1	Number			
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314				rcle				
	losed is a check for the fase make check payable t	ollowing amount: o: FLORIDA DEPART	MENT OF STA	ATE				
_		S130.00 Filing Fee & Certificate of State	\$155.00	0 Filing Fee & 🔲 \$160.	00 Filing Fee, Certificate tus & Certified Copy			

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED IJABILI COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

ame unavailable, enter alternate n	ame adraged for the purpose of transacting business in Flo	orida. The alternate	name must include "Limited Liability Co	ompany," "L.L.C," or "LI.C
Delaware		36	4893508	
(Jurisdiction under the law of wh	nich foreign limited liability company is organized)	3. (FEI number, it applicable)		
05/15/2019				
•	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605,0905, F.S. to determ	registration) ine penalty liability)	-
2250 NE Dixie HWY			2 SE St Lucie BLVD	-3
(Street Address of I	rincipal Office)	0	(Mailing Address)	- St. 13
Jensen Beach, FL 3495	57	Stuart, FL 34997		
				55.5
				7
Name and street address	s of Florida registered agent: (P.O. Box	NOT accep	table)	2 3 5 5 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6
Name:	Corey McGuire	<u> </u>	_	
Office Address:	2250 NE Dixie HWY	···	_	
	Jensen Beach, FL		34957 . Florida	
	(City)		, Florida(Zip code)	-

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized manage [up to six (6) total]: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Name: Corey McGuire ■ Manager Manager Address: 3302 SE St Lucie BLVD ■ Member ☐ Member Address: ______ Stuart, FL 34997 Authorized Authorized Person Person Other_ Other Other_____ Other ☐ Manager Name: Manager | Name: Member Address: Member | Address: Authorized Authorized Person Person Other____ Other Other____ Name: Manager Manager Name: ☐ Member Address: Member Address: Authorized Authorized Person Person ___Other____ Other_____ Other Other_____ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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 oatl 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

Lyped or printed name of signee

submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Corey McGuire

Page 1



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "JANE HOLDINGS, LLC" IS DULY FORMED

UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND

HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS

OF THE NINETEENTH DAY OF JUNE, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "JANE HOLDINGS, LLC" WAS FORMED ON THE NINTH DAY OF MARCH, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

Authentication: 203053794

Date: 06-19-19