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(Re	equestor's Name)	
(Ac	ldress)	
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	ısiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

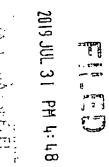
Office Use Only



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BKINSEY ANG 1-7019



July 23, 2019

CHRISTOPHER CLINNER 224 NOTTINGHAM DRIVE CALERA, AL 35040

SUBJECT: JAC VACATION RENTALS LLC

Ref. Number: W19000067040

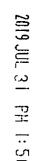
We have received your document for JAC VACATION RENTALS LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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: 319A00014911

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: JAC Holdings LLC	
Name of Limited Liability Company	
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate 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:	
Christopher Clinner	
Name of Person	
JAC Holdings LLC	
Firm/Company	
224 Nottingham Drive	
Address	
Calera, AL 35040	
City/State and Zip Code	
jacholdingsllc@outlook.com	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Christopher Clinner 205 862-2924	
Name of Contact Person Area Code Daytime Telephone Number	
MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301	
Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPARTMENT OF STATE	
S125.00 Filing Fee S130.00 Filing Fee & S155.00 Filing Fee & S160.00 Filing Fee, Certific	ate

Certificate of Status

Certified Copy

of Status & Certified Copy

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

	on Rentals LLC name adopted for the purpose of transacting business in Flo	ta. The alternate name must include "Limi	ted Liability Compan	y," "L.L.C," or "	1.1.C.")	
State of Alaban	na, County of Shelby	3. 83-32346	65			
(Jurisdiction under the law of w	tuch foreign limited liability company is organized)	(FI	I number, if applicab	le i		
N/A						
	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determ	gistration.) : penalty liability)	"			
224 Nottin	gham Drive	_{6.} 224 Nottin	gham	Drive		
(Street Address of		(Mailu	ng Address)			
Calera, AL 35040 Ca		Calera, Al	alera, AL 35040			
Calcia, AL						
	ss of Florida registered agent: (P.O. Box Registered Agent	NOT acceptable)		2019 JUL 31	THE PERSON NAMED IN COLUMN NAM	
Name and street addre	ss of Florida registered agent: (P.O. Box	NOT acceptable)		2019 JUL 31		
Name and street address Name:	SS of Florida registered agent: (P.O. Box	NOT acceptable)	702	~1		

(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]: Name and Address: Name and Address: Title or Capacity: Title or Capacity: Name: Grantland Ewing Name: Christopher Clinner Manager Manager Address: 166 Little John Circle Address: 224 Nottingham Drive Member Member Calera, AL 35040 Calera, AL 35040 Authorized Authorized Person Person Other____ Other____ __Other_____ Other Manager Manager Name: Member | Address: Address: _____ Member Authorized Authorized Person Person Other____ _____Other______ Other___ Other_ Name: Manager Manager Member Member Address: Authorized Authorized Person Person 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 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. Churchoph Classification of an authorized person Christopher Clinner

John H. Merrill Secretary of State P.O. Box 5616 Montgomery, AL 36103-5616

STATE OF ALABAMA

I, John H. Merrill, Secretary of State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that

the entity records on file in this office disclose that JAC Holdings LLC was formed in Shelby County, Alabama on January 24, 2019. The Alabama Entity Identification number for this entity is 540-983. I further certify that the records do not disclose that said entity has been dissolved, cancelled or terminated.



20190711000032592

In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the city of Montgomery, on this day.

07/11/2019

Date

X 24. Merill

John H. Merrill

Secretary of State