# MCCON 33

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(Ad	ldress)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
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### FLORIDA DEPARTMENT OF STATE **Division of Corporations**

August 6, 2019

JOY WALKER 986 LAKEVIEW DRIVE EAU CLAIRE, WI 54701

SUBJECT: JM FARM LLC Ref. Number: W19000071768

We have received your document for JM FARM 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. V

8/15/19

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.

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.

Yvette Scott Document Specialist II

Letter Number: 919A00016117

#### COVER LETTER

TO:		ration Section on of Corporation	ns				
SUBJI		4 Farm LLC					
		<del> "</del>	Name of	Limited Liability (	Company		
			reign Limited Liability Comp d to register the above refer				
Please	return all	correspondence o	concerning this matter to the	following:			
		Joy Walker					
			N	ame of Person		7.5	2615
		Jm Fa	rm LLC			LXH.	2019 AUG
			Fi	rm/Company		ົວກໍ່. ຜາ ຕາວ	19
		986 Lakeview l	Drive			नि - 	PH
				Address		<u> </u>	
		Eau Claire, Wi	54701			ווויי	29
			City/S	tate and Zip Code			—
		Markandjoy246@	@aol.com				
			E-mail address: (to be used	for future annual	report not	ification)	_
For fur	ther infor	mation concerning	g this matter, please call:				
	Joy Wa	alker		715 at (	835-590	)7	
		Name o	f Contact Person	Area Code	Dayı	time Telephone Number	-
	Divisio Registr P.O. Bo	ING ADDRESS: n of Corporations ation Section ox 6327 assec, FL 32314			Division of Registration Clifton Bu 2661 Exec	ADDRESS: of Corporations on Section ailding cutive Center Circle ee, FL 32301	
Enclose		eck for the follow 5.00 Filing Fee	ing amount:  \$\B\$\$ \$130.00 Filing Fee &  Certificate of Status  \$\times \text{Registred gent}\$.	□ \$155.00 Filin Certified Copy	ig Fee &	□ \$160.00 Filing Fee, of Status & Certified C	

## 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:

	e adopted for the purpose of transacting business in Florie	da, The alternate name must include "Limited Liabil	ny Company," "L	.lC," or "1.l	.C.")
Alaska Gurisdiction under the law of which	h foreign limited liability company is organized)	3. 84-2463752	, if applicable)		_
,	,	· · · · · · · · · · · · · · · · · · ·	, , , ,		
	(Date first transacted business in Florida, if prior to re	gistration.)	<del></del>	20	
In a Walleur	(See sections 605 0904 & 605,0905, F.S. to determine		Ţ,	19	
Joy Walker (Street Address of Prin	wmal Office)	6. Joy Walker (Mailing Address	<u></u>	_ <u>~</u>	_ :
890 NE 100th ST		986 Lakeview Drive			_ ,
Ocala, FL 34479		Eau Claire, WI 54701	(1) (1) (1)	) PH	
Name and street address	of Florida registered agent: (P.O. Box	N <u>OT</u> acceptable)	ĽŐŔĺĎĀ	ب <u>.</u> ت	•-
Name:	Jami Walker	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	D'A	0	
Office Address:	900 NE 100th ST				
	Ocala	Florida 34479 (Zip code)			
signated in this application comply with the provision to the provision of	store:  stered agent and to accept service of proper, I hereby accept the appointment as as of all statutes relative to the proper and my position as registered agent.  (Registered agent's say	ocess for the above stated limited li registered agent and agree to act in and complete performance of my di	this capaci	ty. I furt	her a
wing been named as registing the signated in this application comply with the provision of accept the obligations of the name, title or capacity:	stered agent and to accept service of pron, I hereby accept the appointment as as of all statutes relative to the proper a of my position as registered agent.  (Registered agent's say ity and address of the person(s) who has a say (MA) Name and Address:	cocess for the above stated limited heregistered agent and agree to act in and complete performance of my discount of the complete performance of my discount of the complete performance of my discount of the complete performance of the complete performan	this capaci	ty. I furt um famili	her a ar wi
iving been named as registing the signated in this application comply with the provision daccept the obligations of the name, title or capac	stered agent and to accept service of proper, I hereby accept the appointment as as of all statutes relative to the proper a of my position as registered agent.  (Registered agent's signify and address of the person(s) who has the world agent and Address:	cocess for the above stated limited heregistered agent and agree to act in and complete performance of my discount of the complete performance of my discount of the complete performance of my discount of the complete performance of the complete performan	this capaci tties, and I a	ty. I furt um famili	her a ar wi
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The name, title or capace Title or Capacity:  Owner  Owner  Attached is a certificate o isdiction under the law of the translator must be sub	istered agent and to accept service of proper, I hereby accept the appointment as an sof all statutes relative to the proper a of my position as registered agent.  X XXXIII A Well (Registered agent) is significant and address of the person(s) who has a service and address:  186 Lake View 15 - 470 - 5 - 470 - 186 Lake View 15 - 470 - 186 Lake Vi	cocess for the above stated limited la registered agent and agree to act in and complete performance of my discontinuous descriptions of the complete performance of the complete performance of my discontinuous descriptions of the complete performance of my discontinuous descriptions of the complete performance descriptions of the c	Name and	Address	in the



Alaska Entity #10109531

# State of Alaska Department of Commerce, Community, and Economic Development Corporations, Business, and Professional Licensing

# **Certificate of Compliance**

The undersigned, as Commissioner of Commerce, Community, and Economic Development of the State of Alaska, and custodian of corporation records for said state, hereby issues a Certificate of Compliance for:

#### JM Farm LLC

This entity was formed on July 13, 2019 and is in good standing. This entity has filed all biennial reports and fees due at this time.

No information is available in this office on the financial condition, business activity or practices of this corporation.

Sulie Conterme



IN TESTIMONY WHEREOF, I execute the certificate and affix the Great Seal of the State of Alaska effective August 20, 2019.

Julie Anderson Commissioner