

M1900008134

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

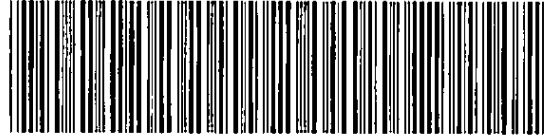
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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[Handwritten signature]

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: The English-Speaking union of the United States Jacksonville Branch 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:

Peter W Gentry

Name of Person

Firm/Company

10109 Bishop Lake Road west,

Address

Jacksonville, FL 32256

City/State and Zip Code

pwgentry@gmail.com

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

For further information concerning this matter, please call:

Peter Gentry

904

612-4999

at ()

Name of Contact Person

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

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RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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. The English-Speaking union of the United States Jacksonville Branch LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "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. Delaware 81-3536689
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

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

5. 10109 Bishop Lake Road West
(Street Address of Principal Office)
Jacksonville, FL 32256

6. 10109 Bishop Lake Road West
(Mailing Address)
Jacksonville, FL 32256

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CLERK OF CIRCUIT COURT
JACKSONVILLE, FLORIDA

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

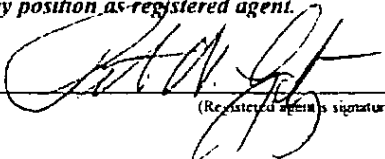
Name: Peter W Gentry

Office Address: 10109 Bishop Lake Road West

Jacksonville 32256
(City) , Florida (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)

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: Louise F Gentry

☐ Member Address: 10109 Bishop Lake Rd W

☐ Authorized Jacksonville, FL 32256

Person _____

☒ Other President ☐ Other _____

☐ Manager Name: Catherine Baum

☐ Member Address: 4878 King Richard Rd

☐ Authorized Jacksonville, FL 32210

Person _____

☒ Other Secretary ☐ Other _____

☐ Manager Name: Ann Robards

☐ Member Address: 3842 Cricket Cove Road E

☐ Authorized Jacksonville, FL 32224

Person _____

☒ Other Director ☐ Other _____

Title or Capacity: **Name and Address:**

☐ Manager Name: Peter W Gentry

☐ Member Address: 10109 Bishop Lake Rd W

☐ Authorized Jacksonville, FL

Person _____

☒ Other Treasurer ☐ Other _____

☐ Manager Name: Marie Smith

☐ Member Address: 2970 St. John's Avenue 8A

☐ Authorized Jacksonville, FL 32205

Person _____

☒ Other director ☐ Other _____

☐ Manager Name: Mary Alice Phelan

☐ Member Address: 2970 St. John's Avenue 5D

☐ Authorized Jacksonville, FL 32205

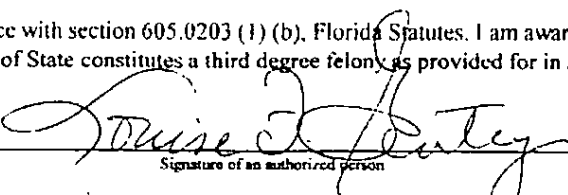
Person _____

☒ Other Director ☐ 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

LOUISE F. GENTRY
Typed or printed name of signer

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "THE ENGLISH-SPEAKING UNION OF THE
UNITED STATES JACKSONVILLE BRANCH, 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 TWENTY-EIGHTH DAY OF MAY, A.D. 2019.



6084650 8300

SR# 20194518271

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 202907997

Date: 05-28-19