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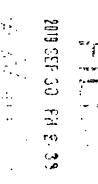
(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
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(Document Number)
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The Law Firm of

HALLOWES & EBBESKOTTE, LLC

A limited liability company www.theHElawfirm.com

Donald B. Hallowes Mark J. Ebbeskotte Chris E. Chapman James D. Perko, Jr. 1010 Jackson Hole Drive, Suite 200 Blacklick, Ohio 43004 Telephone (614) 759-4603 Facsimile (614) 868-0029

September 23, 2019

Department of State

Division of Corporations Section Name P.O. Box 6327 Tallahassee, FL 32314

RE: J2911 REAL ESTATE, LLC

Foreign Filings

To Whom It May Concern:

Enclosed is the completed Foreign Registration for J2911 Real Estate, LLC as well as a check in the amount of \$130.00 for the filing fee and Certificate of Status. Please send the receipt to either of the following:

Donald Hallowes 1010 Jackson Hole Drive, Suite 200 Blacklick, Ohio 43004

OR email to:

Andrea@thehelawfirm.com

Sincerely,

Andrea Sayers

Administrative Legal Assistant

DBH/ans Enc.

COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT: _	J2911 REAL ESTAT						
SOUSECT		Name of L	imited Liability	Company			
				ation to Transact Business in Florida," ted liability company to transact busin			
Please return a	ill correspondence conce	erning this matter to the f	ollowing:				
	DONALD B. HALL	OWES					
		Na	me of Person				
	HALLOWES & EB	BESKOTTE LLC					
	Firm/Company						
	1010 JACKSON HO	DLE DRIVE, LLC					
Address							
	BLACKLICK, OHIO	O 43004					
		City/Sta	ite and Zip Code				
	DON@THEHELAW						
	E-n	nail address: (to be used	for future annua	report notification)			
For further info	ormation concerning this	matter, please call:					
DON	HALLOWES		614 _at (759-4603			
	Name of Cor	ntact Person	Area Code) Daytime Telephone Number			
Divisi Regis P.O. 1	LING ADDRESS: ion of Corporations tration Section 30x 6327 nassee, FL 32314			STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			
	sed is a check for the fol	lowing amount: : FLORIDA DEPARTM	MENT OF STA	TF			
_		\$130.00 Filing Fee & Certificate of State	S155.00	Filing Fee & S160.00 Filing I of Status & Cert			

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:

f name unavailable, enter alternate i	name adopted for the purpose of transacting business in Flo	rida. The alternate name must include "Limited Liab	ility Company," "L.L.C," or "LLC		
ОНЮ		3. (FEI number, if applicable)			
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	(FEI munbs	(Fiil number, if applicable)		
TBD					
•	(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determi	registration.) ine penalty hability)			
3720 NW 16TH STREET		3894 Worthington Road			
(Sireet Address of Principal Office)		6. (Mailing Address)			
Lauderhill, Florida 33311		Galena, Ohio 43021			
	or of Chrisia sovietand areast. (B.O. Roy	NOT accordable)			
Names and atmost address	ss of Fiorida registered agent. (1.0. Do.)	NOT acceptable)	, <u>~</u>		
Name and street addre	<u> </u>				
	VALERIE HAMMOND		2019 SE 9		
Name and street addre Name:			့ င်ဘ		
Name and street addre Name: Office Address:	VALERIE HAMMOND		့ င်ဘ		

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: Title or Capacity: Name and Address: Name: DARRELL KEM Manager Manager | Name: _____ 3894 Worthington Road ■ Member Address: Member Address: Galena, Ohio 43021 Authorized Authorized Person Person Other Other Other Other_____ Name: Manager Manager Manager Name: Member Address: Member Address: Authorized Authorized Person Person Other Other____ Other_ Manager Name: _____ Manager | Name: ___ Address: ____ Member 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 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. Donald B. Hallowes

Typed or printed name of signee

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 J2911 REAL ESTATE LLC, an Ohio For Profit Limited Liability Company, Registration Number 4361862, was organized within the State of Ohio on July 25, 2019, 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 22nd day of September, A.D. 2019.

Ohio Secretary of State

I folia

Validation Number: 201926500374