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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

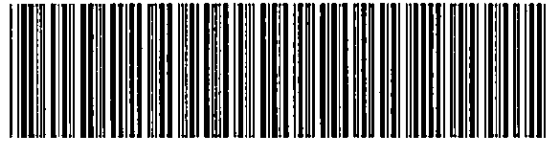
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2020 JAN -8 PM 1:27
JAN 8 2020

JAN 08 2020
M. SOLOMON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: J C Enterprises, 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:

Sandra L. Searles

Name of Person

J C Enterprises, LLC

Firm Company

Post Office Box 3307

Address

Gulfport, MS 39505

City/State and Zip Code

sandy@jce.ms

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

For further information concerning this matter, please call:

Sandra L. Searles

238

861-9013

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 32310

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

**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. J C Enterprises, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "LLC")

J C Enterprises2, LLC

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "LLC")

2. MISSISSIPPI 3. 56-2472287
(Jurisdiction under the law of which foreign limited liability company is organized) (FID number, if applicable)

4. 03-01-2019
(Date first transacted business in Florida, if prior to registration;
see sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 2845 HWY 50 EAST 6. POST OFFICE BOX 3307
(Street Address of Principal Office) (Mailing Address)
PEARL, MS 39208 GULFPORT, MS 39505

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

Name: MICHAEL NATHAN LOTT
Office Address: 226 Center Ave
Santa Rosa Beach 32459
Florida (City) (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.

Michael Nathan Lott
(Registered agent's signature)

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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):

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: MICHAEL NATHAN LOFT	<input type="checkbox"/> Manager	Name: SANDRA L. SEARLES
<input checked="" type="checkbox"/> Member	Address: P O BOX 3307	<input type="checkbox"/> Member	Address: P O BOX 3307
<input type="checkbox"/> Authorized	GULFPORT, MS 39505	<input checked="" type="checkbox"/> Authorized	GULFPORT, MS 39505
Person		Person	
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name:	<input type="checkbox"/> Manager	Name:
<input type="checkbox"/> Member	Address:	<input type="checkbox"/> Member	Address:
<input type="checkbox"/> Authorized		<input type="checkbox"/> Authorized	
Person		Person	
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name:	<input type="checkbox"/> Manager	Name:
<input type="checkbox"/> Member	Address:	<input type="checkbox"/> Member	Address:
<input type="checkbox"/> Authorized		<input type="checkbox"/> Authorized	
Person		Person	
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> 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.817.135, F.S.

Michael Nathan Loft
Signature of an authorized person

Michael Nathan Loft
Typed or printed name of signer

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DELBERT HOSEMANN
Secretary of State

Office of the Secretary of State
Jackson, Mississippi

Certificate of Good Standing

I, C. DELBERT HOSEMANN, JR., Secretary of State of the State of Mississippi, and as such, the legal custodian of the records as required by The Mississippi Limited Liability Company Act to be filed in my office do hereby certify:

JC ENTERPRISES LLC

Registered the 23rd day of July, 2004

A Mississippi Limited Liability Company has filed the necessary documents in this office and has obtained a certificate of formation under the provisions of The Mississippi Limited Liability Company Act as shown by the records in this office.

That the registered office of said Limited Liability Company is located at:

204 MARY ANN DRIVE
BRANDON, MS 39042

And that the registered agent at that address is:

Lott, Michael Nathan

I further certify that said Limited Liability Company has paid the fees for filing the above papers required by law as shown by the records of this office, and that said Limited Liability Company is in good standing to do business in Mississippi at this time.

Given under my hand and seal of office
the 8th day of January, 2020

A handwritten signature in cursive script that reads "C. Delbert Hosemann, Jr." is written over a horizontal line.

C. DELBERT HOSEMANN, JR.
Secretary of State

Certificate Number: CN20075619

Verify this certificate online at <http://corp.sos.ms.gov/corpcnv/verifycertificate.aspx>



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 26, 2019

SANDRA L. SEARLES
PO BOX 3307
GULFPORT, MS 39505

SUBJECT: JC ENTERPRISES2, LLC
Ref. Number: W19000102712

We have received your document for JC ENTERPRISES2, LLC and check(s) totaling \$96.25. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$63.75.

Enclosed

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Mel Solomon
Regulatory Specialist II Supervisor

Letter Number: 719A00024105

RECEIVED
DEC 06 2019



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 1, 2019

SANDRA L. SEARLES
PO BOX 3307
GULFPORT, MS 39505

SUBJECT: J C ENTERPRISES LLC
Ref. Number: W19000096601

We have received your document for J C ENTERPRISES LLC and check(s) totaling \$96.25. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name is not available in Florida to register. If you would like a refund of monies paid, please provide a signed written statement and mail to my attention with a copy of this letter.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Mel Solomon
Regulatory Specialist II Supervisor

Letter Number: 119A00022600