

MA000000882

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

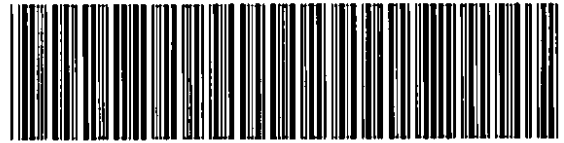
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400338652194

01/03/20--01004--028 \*\*125.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2020 JAN -3 P 3:54

FILED

JAN 23 2020  
T. L. FORD

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** JAPEL SERVICES, 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:

SONIA M. RUSTICI

\_\_\_\_\_  
Name of Person

JAMES P. SEIDL LAW OFFICES, PC

\_\_\_\_\_  
Firm/Company

5672 FLINTSTONE DRIVE

\_\_\_\_\_  
Address

BARBOURSVILLE, VIRGINIA, 22923

\_\_\_\_\_  
City/State and Zip Code

soniarustici@gmail.com

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

For further information concerning this matter, please call:

SONIA M. RUSTICI

703

622-3938

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

**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. JAPEL SERVICES, LLC  
(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LLC.")

N/A

(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. VIRGINIA  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. N/A  
(FEI number, if applicable)

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

5. 865 CLAREMONT AVENUE  
(Street Address of Principal Office)

6. 865 CLAREMONT AVENUE  
(Mailing Address)

ROCKINGHAM, VIRGINIA 22801

ROCKINGHAM, VIRGINIA 22801

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

Name: JANET WELLS

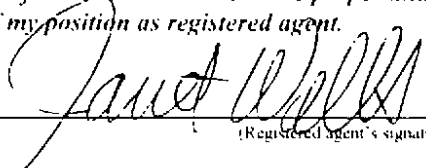
Office Address: 237 PABLO ROAD

PONTE VEDRA BEACH, Florida 32082  
(City) (Zip code)

FILED  
2020 JAN -3 P 3:04  
TALLAHASSEE, FLORIDA

**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: JAMES D. LAVER

☒ Member      Address: 865 CLAREMONT AVENUE

☒ Authorized      ROCKINGHAM, VIRGINIA 22801

Person \_\_\_\_\_

☐ Other \_\_\_\_\_      ☐ Other \_\_\_\_\_

☐ Manager      Name: \_\_\_\_\_

☐ Member      Address: \_\_\_\_\_

☐ Authorized      \_\_\_\_\_

Person \_\_\_\_\_

☐ Other \_\_\_\_\_      ☐ Other \_\_\_\_\_

☐ Manager      Name: \_\_\_\_\_

☐ Member      Address: \_\_\_\_\_

☐ Authorized      \_\_\_\_\_

Person \_\_\_\_\_

☐ Other \_\_\_\_\_      ☐ Other \_\_\_\_\_

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

☒ Manager      Name: MARGARET O. LAVER

☒ Member      Address: 865 CLAREMONT AVENUE

☒ Authorized      ROCKINGHAM, VIRGINIA 22801

Person \_\_\_\_\_

☐ Other \_\_\_\_\_      ☐ Other \_\_\_\_\_

☐ Manager      Name: \_\_\_\_\_

☐ Member      Address: \_\_\_\_\_

☐ Authorized      \_\_\_\_\_

Person \_\_\_\_\_

☐ Other \_\_\_\_\_      ☐ Other \_\_\_\_\_

☐ Manager      Name: \_\_\_\_\_

☐ Member      Address: \_\_\_\_\_

☐ Authorized      \_\_\_\_\_

Person \_\_\_\_\_

☐ Other \_\_\_\_\_      ☐ 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.

James D. Laver      Margaret O. Laver  
Signature of an authorized person

JAMES D. LAVER      Margaret O. Laver  
Typed or printed name of signee

# Commonwealth of Virginia



## State Corporation Commission

### CERTIFICATE OF FACT

*I Certify the Following from the Records of the Commission:*

That JAPEL SERVICES, LLC is duly organized as a limited liability company under the law of the Commonwealth of Virginia;

That the date of its organization is February 10, 2011; and

That the limited liability company is in existence in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.



*Signed and Sealed at Richmond on this Date:  
November 1, 2019*

*Joel H. Peck*

*Joel H. Peck, Clerk of the Commission*