

MA0000000891

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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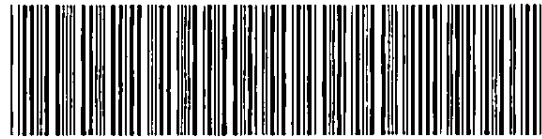
(Business Entity Name)

(Document Number)

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CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

FILED

JAN 24 2020

T. LEMIEUX

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-6243

(OFFICE USE ONLY)

Corporation Name & Document Number, (if known):

1. JAY MK LLC

(Corporation Name)

Document #

2. _____
(Corporation Name)

Document #

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NEW FILINGS

AMMENDMENTS

____ Profit

____ Amendment

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____ Resignation of R.A. Officer/Director

☒ Limited Liability

____ Change of Registered Agent

____ Domesitication

____ Dissolution/Withdrawal

____ Other

____ Merger

OTHER FILINGS

REGISTRATION/QUALIFICATIONS

____ Annual Report

____ Foreign

____ Fictitious Name

____ Limited Partnership

____ Reinstatement

____ Trademark

____ Other

EXAMINER'S INITIALS: _____

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____ Other

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: JAY MK 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:

JASON D. SMITH

Name of Person

ANDERS, BOYETT & BRADY, P.C.

Firm/Company

3800 AIRPORT BLVD., STE. 203

Address

MOBILE, AL 36608

City/State and Zip Code

jsmith@abblawfirm.com

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

For further information concerning this matter, please call:

Jason D. Smith

251

509-0765

at ()

Name of Contact Person

Area Code

Daytime Telephone Number

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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. JAY MK 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. LOUISIANA 3. 82-1899338
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

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

5. 150 LOBLOLLY LANE 6. 1260 HERON LAKES CIRCLE
(Street Address of Principal Office) (Mailing Address)
PENSACOLA, FL 32514 MOBILE, AL 36693

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

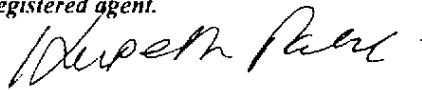
Name: KALPESH PATEL

Office Address: 150 LOBLOLLY LANE

PENSACOLA 32514
(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)

FILED
2020 JAN 23 A 9 57
CLERK OF DISTRICT COURT
JAN 23 2020
TALLAHASSEE, FLORIDA

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: Kalpesh Patel

☐ Member Address: 1260 Heron Lakes Circle

☐ Authorized Mobile, AL 36608

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: Varsha H. Patel

☒ Member Address: 1113 Highway 43 S.

☐ Authorized Saraland, AL 36571

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

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

☒ Manager Name: Rajiv G. Patel

☐ Member Address: 7210 Annandale Drive

☐ Authorized Pensacola, FL 32526

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.

Kalpesh Patel

Signature of an authorized person

Kalpesh Patel

Typed or printed name of signer



R. Kyle Ardoin
SECRETARY OF STATE

As Secretary of State of the State of Louisiana I do hereby Certify that
the Articles of Organization of

JAY MK LLC

Domiciled at NEW ORLEANS, LOUISIANA,

Were filed in this Office and a Certificate of Organization was issued on June 20, 2017,

I further certify that no Certificate of Dissolution or Termination has been issued.

In testimony whereof, I have hereunto set my
hand and caused the Seal of my Office to be
affixed at the City of Baton Rouge on,

January 16, 2020

Secretary of State

Web 42698678K



Certificate ID: 11158607#G6Q83

To validate this certificate, visit the following web site,
go to **Business Services**, **Search for Louisiana**
Business Filings, **Validate a Certificate**, then follow
the instructions displayed.
www.sos.la.gov