2/14/2020

Division of Corporations

# Electronic Filing Cover speet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H20000051629 3)))



H200000516293ABCZ

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

 24]			
·	To:	Division of Corporations	
<u>7</u>	•	Fax Number : (850)617-6383	2825
្រំ	From	: Account Name : URS AGENTS LLC	- <b>.</b>
2020		Account Number : I20150000127	4.
		Phone : (800)567-4397	-~. - ·
		Fax Number : (800)567-4398	* •
			··

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: breezypoint@charter.net

### Foreign Limited Liability Company JKM Breezy Point LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

T GLASS FEB 17 2020

#### COVER LETTER

•	gistration Section vision of Corporation	5				
SUBJECT:	JKM BREEZY POI	AL LTC			_	
SUBJECT.		Name of Limited Liability Company				
The enclosed Existence, a	d "Application by For nd check are submitted	eign Limited Liability Compa d to register the above referen	any for Authorization need foreign limited	on to Transact Business in Florida, I liability company to transact busi	" Certificate of ness in Florida	
Please return	n ail correspondence c	oncerning this matter to the f	following:			
	Kirstie Miersma	1			_	
	<u> </u>	Na	me of Person		-	
	JKM BREEZY	POINT LLC				
	<del></del>	Fir	m/Company		_	
	288 Goldthwait	e Road				
	<del></del>		Address		•	
	Whitinsville, M	IA 01588				
		City/St	ate and Zip Code		2 <u>0</u>	
	breezypoint@cha				_ 26 H	
		E-mail address: (to be used	for future annual n	eport notification)	- , , , , , , , , , , , , , , , , , , ,	
For further	information concernin	g this matter, please call:			<u></u>	
Ka	athy Clark		800 B: (	567-4397	2026 FEO 14 - 121 - 1: 03	
_	Name o	of Contact Person	Area Code	Daytime Telephone Number	O.3	
Di Re P.0	AILING ADDRESS; vision of Corporations gistration Section D. Box 6327 Illahassee, FL 32314		1	STREET ADDRESS; Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	2	
	a check for the follow \$125.00 Filing Fee	ving amount:  \[ \sum \text{S130.00 Filing Fee & } \]  Certificate of Status	S155.00 Filing Certified Copy	Fee & S160.00 Filing Fee, of Status & Certified C	Certificate Copy	

(((H20000051629 3)))

#### APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 603.0902, FLORIDA STATUTES THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

name unaveliable, enter elterazio	nume edopted for the purpose of proceeding business in Flor	da. The elemete name most instude "Linesed Lie	bibly Company," "LLC," # "LLC.")		
Massachusens		3.	ber, if applicable)		
(hausgiction ranges gas film of	which ferrign Ermitod Hability company is organized)	(FE) MAIN	eer, ii syphesom)		
UPON FILING	(Caté first transacted business in Florida, if peter to n (See sections 603 0904 & 603-0905, F.S. in decembe	gistruer.)	******		
	(See sections 403 0904 & 403 0905, F.S. in december				
(British Address o	Principal Office)	6(Meding Add	ren)		
288 Goldthwaite Rose	<u> </u>	288 Goldthwalte Road			
Whitinsville, MA 01588		Whitinsville, MA 01588			
Name and street address	SS of Florids registered agent: (P.O. Box URS AGENTS, LLC	NOT acceptable)			
Office Address:	3458 Lakeshore Drive				
Office Addices.		, Florida 32312			
	Taliahassoo	. Florida 30310			
aving been numed as resignated in this applic comply with the provi	ptance: egistered agent and to accept service of pation, I hereby accept the appointment as alons of all statutes relative to the proper as a first position as registered agent.	(h) was rocess for the above stated limited registered agent and agree to act and complete performance of my	l liability company at the placing in this capacity. I further against duties, and I am familior with		
esignated in this applic comply with the provi- ad accept the obligation . The name, title or cap	ptance: egistered agent and to accept service of partion, I hereby accept the appointment as shows of all statutes relative to the proper as at my position as registered agent.  (Registered seem's situative and address of the person(s) who has	Cap was recess for the above stated limited registered agent and agree to act and complete performance of my  Kathy Clark, Assistant Secrements  Thave authority to manage is/are:	liability company at the pluc in this capacity. I further ag duties, and I am familior with ctaty		
aving been numed as r isignated in this applic comply with the provi- id accept the obligation	ptance: egistered agent and to accept service of partion, I hereby accept the appointment as silons of all statutes relative to the proper as at buy position as registered agent.  (Registered scent's in the person(s) who has Name and Address:	Cly tod rocess for the above stated limited registered agent and agree to act and complete performance of my  Kathy Clark, Assistant Secreption	l liability company at the pluc In this capacity. I further ag duties, and I am familior with		
awing been numed as a signated in this applic comply with the provided accept the obligation.  The name, title or cap	ptance: egistered agent and to accept service of partion, I hereby accept the appointment as silons of all statutes relative to the proper as at buy position as registered agent.  (Registered scent's in the person(s) who has Name and Address:  Kinstie R. Miersma	Cap was recess for the above stated limited registered agent and agree to act and complete performance of my  Kathy Clark, Assistant Secrements  Thave authority to manage is/are:	liability company at the pluc in this capacity. I further ag duties, and I am familior with ctaty		
awing been numed as a signated in this applic comply with the provided accept the obligation.  The name, title or cap Title or Canacity:	ptance: egistered agent and to accept service of partion, I hereby accept the appointment as silons of all statutes relative to the proper as at buy position as registered agent.  (Registered scent's in the person(s) who has Name and Address:	Cap was recess for the above stated limited registered agent and agree to act and complete performance of my  Kathy Clark, Assistant Secrements  Thave authority to manage is/are:	liability company at the pluc in this capacity. I further ag duties, and I am familior with ctaty		
awing been numed as a signated in this applic comply with the provided accept the obligation.  The name, title or cap Title or Capacity:	ptance: egistered agent and to accept service of partion, I hereby accept the appointment as alons of all statutes relative to the proper as of the position as registered agent.  (Registered seem's it is person(s) who has Name and Address;  Kinstie R. Miersma  288 Goldthwaite Road	Cap was recess for the above stated limited registered agent and agree to act and complete performance of my  Kathy Clark, Assistant Secrements  Thave authority to manage is/are:	liability company at the pluc in this capacity. I further ag duties, and I am familior with ctaty		
aving been numed as a signated in this applic comply with the provided accept the obligation.  The name, title or cap Title or Capacity:  Manager	ptance: egistered agent and to accept service of partion, I hereby accept the appointment as silons of all statutes relative to the proper as at my position as registered agent.  (Registered scent is it active and address of the person(s) who has Name and Address:  Kirstie R. Miersma  288 Goldthweite Road  Whitinsville, MA 01588	Cap was recess for the above stated limited registered agent and agree to act and complete performance of my  Kathy Clark, Assistant Secrements  Thave authority to manage is/are:	liability company at the placing in this capacity. I further against duties, and I am familior with coaty		
awing been numed as a signated in this applic comply with the provided accept the obligation.  The name, title or cap Title or Capacity:  Manager  Menager	ptance: egistered agent and to accept service of partion, I hereby accept the appointment as alons of all statutes relative to the proper as of try position as registered agent.  (Registered seem's in acity and address of the person(s) who has Name and Address;  Kirstie R. Miersma  288 Goldthwaite Road Whitinsville, MA 01588  John P. Miersma  288 Goldthwaite Road Whitinsville, MA 01588	Cap was recess for the above stated limited registered agent and agree to act and complete performance of my  Kathy Clark, Assistant Secrements  Thave authority to manage is/are:	l liability company at the placing in this capacity. I further against duties, and I am familion with coaty		
awing been named as a esignated in this application this application the provided accept the abligation.  The name, title or capable of the name, title or capable.  Manager  Manager  Jac attachments if necessation and the name of the	ptance: egistered agent and to accept service of parion, I hereby accept the appointment as alons of all statutes relative to the proper of the properties of the properties of the properties of the position as registered agent.  (Registered seem's in the person(s) who has Name and Address;  Kinstie R. Miersma  288 Goldthweite Road  Whitinsville, MA 01588  John P. Miersma  288 Goldthwaite Road  Whitinsville, MA 01588  stary)  stof existence, no more than 90 days old, desort which it is organized. (If the certificate	Cly and rocess for the above stated limited registered agent and agree to act and complete performance of my Kathy Clark, Assistant Secrement  That authority to manage is/are:  Title or Capacity:  uty authenticated by the official had is in a foreign language, a translation	Name and Address:  Note that the place of th		

Typed or printed name of algree

02/14/2020 • 13:28 (FAX) P.005/005



(((H20000051629 3)))

## The Gommonwealth of Massachusetts Secretary of the Gommonwealth State House, Boston, Massachusetts 02188

February 12, 2020

#### TO WHOM IT MAY CONCERN:

I hereby certify that a certificate of organization of a Limited Liability Company was filed in this office by

#### JKM BREEZY POINT LLC

in accordance with the provisions of Massachusetts General Laws Chapter 156C on May 31, 2012.

I further certify that said Limited Liability Company has filed all annual reports due and paid all fees with respect to such reports; that said Limited Liability Company has not filed a certificate of cancellation; that there are no proceedings presently pending under the Massachusetts General Laws Chapter 156C, § 70 for said Limited Liability Company's dissolution; and that said Limited Liability Company is in good standing with this office.

I also certify that the names of all managers listed in the most recent filing are: JOHN P MIERSMA, KIRSTIE R MIERSMA

I further certify, the names of all persons authorized to execute documents filed with this office and listed in the most recent filing are: JOHN P MIERSMA, KIRSTIE R MIERSMA

The names of all persons authorized to act with respect to real property listed in the most recent filing are: JOHN P MIERSMA, KIRSTIE R MIERSMA

In testimony of which,

I have hereunto affixed the

Great Seal of the Commonwealth

on the date first above written.

Secretary of the Commonwealth



Ellian Francis Gallein