

# M20000003261

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

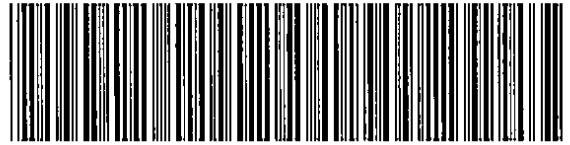
(Document Number)

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

Special Instructions to Filing Officer:

3/26/20  
WDC

Office Use Only



200342433682

03/23/20--01092--022 \*\*125.00

FILED  
20 MAR 23 PM 8:00  
COURT CLERK

COVER LETTER

TO: Registration Section  
Division of Corporations

JEFFJINKSLAW.COM LLC

SUBJECT: \_\_\_\_\_  
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:

\_\_\_\_\_  
JEFFREY J. JINKS  
Name of Person

Jeff Jinks Law

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

13295 N. Illinois St., Ste. 313

\_\_\_\_\_  
Address

Carmel, IN 46032

\_\_\_\_\_  
City, State and Zip Code

\_\_\_\_\_  
ATTORNEY @ JEFF JINKS LAW, COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

\_\_\_\_\_  
JEFFREY J. JINKS  
Name of Contact Person

317 810-1400  
at ( ) 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

FILED  
20 MAR 23 PM 8:00  
TALLAHASSEE, FL 32303

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

IN COMPLIANCE WITH SECTION 605.0602, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY  
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

JEFF HINKS LAW, COM, LLC

1. \_\_\_\_\_  
(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "LLC," or "LLC")

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

3. \_\_\_\_\_  
(Jurisdiction under the law of which foreign limited liability company is organized)

4. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0604 & 605.0605, F.S., to determine penalty liability.)

13295 N. Illinois St., Ste. 313

5. \_\_\_\_\_  
(State Address of Principal Office)

Carmel, IN 46032

6. 365 FIFTH AVENUE SOUTH  
(Mailing Address)

NAPLES, FL 34102

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

Carrie J. Lynn

Name: \_\_\_\_\_

365 Fifth Avenue South

Office Address: \_\_\_\_\_

Naples

34102

\_\_\_\_\_, 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.

Carrie J. Lynn  
(Registered agent's signature)

FILED  
20 MAR 23 PM 8:00  
CLERK OF CIRCUIT COURT  
IN FLORIDA  
NAPLES COUNTY

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]:

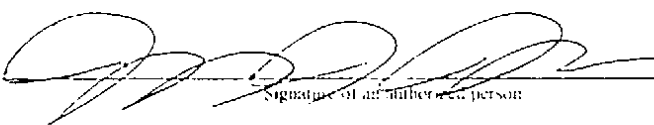
<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: <u>Jeffrey J. Jinks</u>	<input type="checkbox"/> Manager	Name: _____
	<u>13295 N. Illinois St., Ste. 313</u>	<input type="checkbox"/> Member	Address: _____
Member	Address: _____		
	<u>Carmel, IN 46032</u>	<input type="checkbox"/> Authorized	_____
Authorized	_____		
Person	_____	Person	_____
Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
Member	Address: _____	<input type="checkbox"/> Member	Address: _____
Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
Member	Address: _____	<input type="checkbox"/> Member	Address: _____
Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

FILED  
20 MAR 23 PM 8:00  
CLERK OF THE COURT  
CLERK OF THE COURT

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.

  
\_\_\_\_\_  
Signature of an authorized person  
JEFFREY J. JINKS  
\_\_\_\_\_  
Typed / printed name of signer

State of Indiana  
Office of the Secretary of State

CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

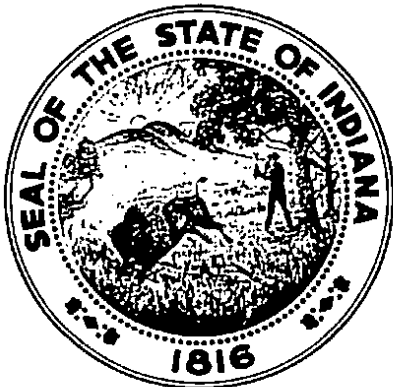
I, CONNIE LAWSON, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

JEFFJINKSLAW.COM LLC

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on June 29, 2016, and was in existence or authorized to transact business in the State of Indiana on March 13, 2020.

I further certify this Domestic Limited Liability Company has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution, or expiration has been filed or taken place. All fees, taxes, interest, and penalties owed to Indiana by the domestic or foreign entity and collected by the Secretary of State have been paid.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, March 13, 2020

*Connie Lawson*

CONNIE LAWSON  
SECRETARY OF STATE

201606291147774 / 20201350862

All certificates should be validated here: <https://bsd.sos.in.gov/ValidateCertificate>

Expires on April 12, 2020.