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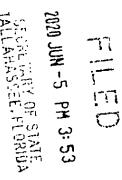
(Requestor's Name)					
(Address)					
(Address)					
(Cit	ty/State/Zip/Phone	e #)			
PICK-UP	WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	of Status			
Special Instructions to Filing Officer:					





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COVER LETTER

15

TO:	Registration Section Division of Corporations				
SUBJ	JEK Consultants, LLC ECT:				
	Name of Limited Liability Company				
The er Existe	nclosed "Application by Foreign Limited Liability Conce, and check are submitted to register the above re	company for Authorization to Transact Business in Florida," Certificate of deferenced foreign limited liability company to transact business in Floridation			
Please	return all correspondence concerning this matter to	the following:			
	Stephen E. Kane				
		Name of Person			
	JEK Consultants, LLC				
	Firm/Company				
	2600 Portside Drive				
	Address				
	Fernandina Beach, FL 32034				
	Cit	ty/State and Zip Code			
	stephen.kane@hotmail.com				
	E-mail address: (to be	used for future annual report notification)			
For fu	urther information concerning this matter, please call	17.5			
Stephen E. Kane		703 346-7956 EC 88			
	Name of Contact Person	Area Code Daytime Telephone: Number			
Mailing Address:		Street Address:			
Registration Section		Registration Section			
Division of Corporations		Division of Corporations			
	P.O. Box 6327	The Centre of Tallahassee			
	Tallahassee, FL 32314	Tallahassee, FL 32303			
	Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEP. \$\Boxed{\omega}\$ \$125.00 \text{ Filing Fee} \text{\$\omega}\$ \$130.00 \text{ Filing Fee} \text{\$\omega}\$ \$Certificate o	e & 🗆 \$155.00 Filing Fee & 🗀 \$160.00 Filing Fee, Certificate			

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: JEK Consultants, 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 "L.L.C." State of Virginia VA Entity ID: S3457860 (Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable) (Date first transacted business in Florida, if prior to registration.) (See sections 605,0904 & 605,0905, F.S. to determine penalty liability) 2600 Portside Drive 2600 Portside Drive (Street Address of Principal Office) (Mailing Address) Fernandina Beach, FL 32034 Fernandina Beach, FL 32034 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Stephen E. Kane Name: 2600 Portside Drive Office Address: Fernandina Beach , Florida (City)

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:	Title or Capacity:	Name and Address:
■Manager	Name: Stephen E. Kane	□Manager	Name: Jane E. Kane
□Member	Address: 2600 Portside Drive	■Member	Address: 2600 Portside Drive
Authorized	Fernandina Beach, FL 32034	Authorized	Fernandina Beach, FL 32034
Person	Stephen E. Kane	Person	Jane E. Kane
□Other	Other	□Other	□Other
□Manager	Name:	□Manager	Name: 2020
□Member	Address:	□Member	Address: 75 TO C TOTAL
□Authorized		□Authorized	
Person		Person	
□Other	Other	□Other	Selective 53
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
Other	Other	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.

Signature of an authorized person

Stephen E. Kane

Typed or printed name of signee

Commonbrealth of Hirginia



State Corporation Commission

CERTIFICATE OF FACT

1 Certify the Following from the Records of the Commission:

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

That the limited liability company was formed on November 30, 2010; and 5

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:

June 2, 2020

Joel H. Peck, Clerk of the Commission