

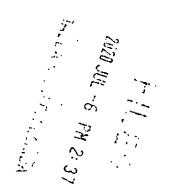
(Requestor's Name)				
(Address)				
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(Ci	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				
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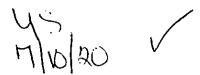
Office Use Only



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June 25, 2020

CHRISTOPHER GRIFFITH 225 85TH ST. HOLMES BEACH, FL 34217

SUBJECT: JCR BUILDERS LLC Ref. Number: W20000065378

We have received your document for JCR BUILDERS LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yvette Scott Document Specialist II

Letter Number: 920A00012633

RECEIVED
JUL 0 6 2020

COVER LETTER

TO:	Registration Section Division of Corporations	
	TCO B	Ides LLC
7	ECT: <u>A C R - 150</u> Name	of Limited Liability Company
The en	closed "Application by Foreign Limited Liability C	Company for Authorization to Transact Business in Florida," Certificate of
		referenced foreign limited liability company to transact business in Florida
Please	return all correspondence concerning this matter to	o the following:
	Christopher	Cr. YF-tc 7! 3
		Name of Person
	JCR Build	(ers LLC o
		Name of Person (ers LLC Firm/Company Address
	225 85th	5+
		Address 5 - 1
	Holmes Bear	ity/State and Zip Code
		used for future annual report notification)
For fur	ther information concerning this matter, please cal	l:
	Jo-Dee Griff, th	at (732) 713-9744 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	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
	Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEP S125.00 Filing Fee S130.00 Filing Fee Certificate of	e & 🔲 \$155.00 Filing Fee & 🗍 \$160.00 Filing Fee. Certificate

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

	TION 605.0902, FLORIDA STATUTES, THE L ISINESS INTHE STATE OF FLORIDA:	FOLLOWING IS SUBMIT	TED TO REGISTEF	R A FOREIGN TAMITED DABILITY
1. Name of Lordon	CR Builders LL Limited Liability Company; must include "Lunit	- C	To have to the	
(Name of Foreign	ammed amounty Company, must member from	ed marries Company, — t	.r.c., or rige.	
(If name unavailable, enter alternate r	arne adopted for the purpose of transacting business in	Florida. The alternate name mu	st include "Limited Liab	oility Company," "L.L.C." or "ELC.")
2. New Jersey C. (Janishenon under the Jaw of w	hash toreign landed hability company is organized)	3. <u>84</u>	-301190	D B -
				The state of the s
4.	(Date first transacted business in Florida, it prior to (See sections 605,0904 & 605,0905, F.S. to detern	o registration)		
5. 1609 Ospr	ey. (+		V C	PH 2: 3
_	,	(Mailing A	ddress)	\$
Point Plea	SANT NJ 08742			<u> </u>
-				
7. Name and street address	s of Florida registered agent: (P.O. Bo	x <u>NOT</u> acceptable)		
Name:	Christopher Griff	th		
Office Address:	225 85 1h St			
	Holmes Beach	Flori	ida <u>3421)</u> (Zip code)	<u>, </u>
tesignated in this applicat to comply with the provision	ance: gistered agent and to accept service of ion. I hereby accept the appointment a ons of all statutes relative to the prope of my position as registered agent.	is registered agent an	d agree to act in	this capacity. I further agree
	,	s front		

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: Christopher GEFFILL	□Manager	Name:	
□Member	Address: 225 851 5+	□Member	Address:	
□Authorized	Holmes Beach FL	□Authorized		
Person	34217	Person		
ZOther LWAS	Other	□Other		□Other
				2020 J
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	<u> </u>
□Authorized		□Authorized		э н 2
Person		Person		37
□Other	Other	Other		□Other
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Метbет	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 follows as provided for in some 15.1. F.S.

Signapure of an authorized person

Charis topher Garaffeld lyped or printed name of signee

STATE OF NEW JERSEY DEPARTMENT OF THE TREASURY DIVISION OF REVENUE AND ENTERPRISE SERVICES SHORT FORM STANDING

JCR BUILDERS LLC 0450425114

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Limited Liability Company was registered by this office on October 08, 2019.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

CHRISTOPHER GRIFFITH 1609 OSPREY CT POINT PLEASANT, NJ 08742



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 29th day of June, 2020

Elizabeth Maher Muoio State Treasurer

Certificate Number: 6108769832

Verify this certificate online at

https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp