

N2009090908661

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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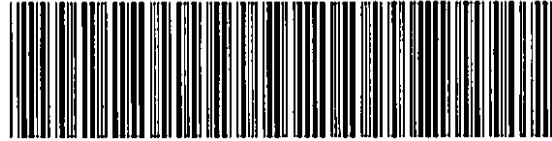
(Business Entity Name)

(Document Number)

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10/4/20

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JDM GLOBAL SOLUTIONS 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:

LOVETTE DOBSON

Name of Person

Firm/Company

17350 STATE HWY 249 #220

Address

HOUSTON, TX 77064

City/State and Zip Code

EFILE1234@INCFILE.COM

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

For further information concerning this matter, please call:

LOVETTE DOBSON

at ()

888-462-3453

Name of Contact Person

Area Code

Daytime Telephone Number

MAILING ADDRESS:

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

STREET ADDRESS:

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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. JDM GLOBAL SOLUTIONS 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. DELAWARE
(Jurisdiction under the law of which foreign limited liability company is organized)

3. _____
(FEI number, if applicable)

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

5. 3000 E SUNRISE BLVD APT 15C
(Street Address of Principal Office)

6. 3000 E SUNRISE BLVD APT 15C
(Mailing Address)

FORT LAUDERDALE, FLORIDA 33304

FORT LAUDERDALE, FLORIDA 33304

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

Name: JOSEPH MACLELLAN

Office Address: 3000 E SUNRISE BLVD APT 15C

FORT LAUDERDALE, Florida 33304
(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.

Joseph Maclellan
(Registered agent's signature)

<u>Title or Capacity:</u>		<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: <u>JOSEPH MACLELLAN</u>	<input type="checkbox"/> Manager Name: _____
<input checked="" type="checkbox"/> Member	Address: <u>3000 EAST SUNRISE BLVD</u>	<input type="checkbox"/> Member Address: _____
<input type="checkbox"/> Authorized	<u>APT. 15C</u>	<input type="checkbox"/> Authorized _____
Person	<u>FORT LAUDERDALE, FL 33304</u>	Person _____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized _____
Person	_____	Person _____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized _____
Person	_____	Person _____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____

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.

Typed or printed name of signee

Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "JDM GLOBAL SOLUTIONS LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-SIXTH DAY OF AUGUST, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "JDM GLOBAL SOLUTIONS LLC" WAS FORMED ON THE FOURTEENTH DAY OF MAY, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

RECEIVED
AUG 26 2020
PM 2:43




Jeffrey W. Bullock, Secretary of State

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SR# 20206946350

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203539796

Date: 08-26-20