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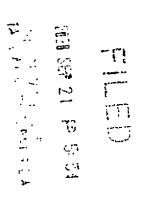
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### COVER LETTER

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Registration Section

TO:

Γ: Nan	ne of Limited Liability Company
	Company for Authorization to Transact Business in Florida," Cer referenced foreign limited liability company to transact business
urn all correspondence concerning this matter	to the following:
William R. Huseman	
	Name of Person
William R. Huseman, PA	
	Firm/Company
9310 Old Kings Road South, Ste. 702	2
	Address
Jacksonville, FL 32257	
	City/State and Zip Code
husemanoffice@jaxattys.com	
E-mail address: (to b	be used for future annual report notification)
r information concerning this matter, please ca	all:
Ves Fontaine	850 855-9606 at ( )
Name of Contact Person	Area Code Daytime Telephone Number
lailing Address:	Street Address:
egistration Section fivision of Corporations	Registration Section Division of Corporations
.O. Box 6327	The Centre of Tallahassee
allahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
	rananassee, ft. 32303

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

IN COMPLIANCE WITH SECTION 605,0002, FLORIDA STATUTEN THE FOLLOWING IN SUBMITTED TO REGISTER A FOREIGN. LIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

fname unavadable, enter alternate i	name adopted for the purpose of transacting business in Flor	ida. I he alterna	e name must in	clude "Limited	Liability Cor	npany," "L.L	. C," or "LLC."
Georgia, USA		81- 3.	5457274				
(Jurisdiction under the law of w	high foreign limited hability company is organized)	J		(FEI nui	nber, if appli	cable)	
N/A							
	(Date first transacted business in Florida, if prior to re (See sections 605 0904 & 605 0905, F.5. to determine	gistration )	·)				
452 Doe Run Dr.		SAN					
reet Address of Principal Office)		6	(Mailing Addis	:55)			<del></del>
Cairo, GA, 39828							
	<del></del>						
Name and street addres	ss of Florida registered agent: (P.O. Box.)	  <u>NOT</u> accep	table)				
Name and street address	ss of Florida registered agent: (P.O. Box)	NOT accep	table)		,, e be	ר.ק ניב	
	ss of Florida registered agent: (P.O. Box )	NOT accep	table)		ν.	6-7 6-7 6-3 6-3 6-3	
Name and street address Name:	-	NOT accep	table)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	STATE OF STA	
Name:	-	NOT accep	table)			555a Set 21	
	Wesley T Fontaine	NOT accep	table)			123 SEP 21 F	
Name:	Wesley T Fontaine	NOT accep	_	32257		228 SA 21 P C	
Name:	Wesley T Fontaine 9310 Old Kings Road South, Ste 702	NOT accep	table)			福温 SGP 21 中 5 元	

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: Name: Rhonda Taylor □ Manager □Manager 452 Doe Run Dr. 452 Doc Run Dr. ■ Member Address: ■ Member Address: Cairo, GA, 39828 Cairo, GA 39828 □ Authorized □ Authorized Person Person Other\_\_\_\_ □Other □Other\_\_\_\_ ☐ Other\_\_\_\_ □ Manager Name: \_\_\_\_ □Manager Name: \_\_\_\_\_ ☐ Member Address: □Member Address: ☐ Authorized ☐ Authorized Person Person □Other\_\_\_\_ □Other\_\_\_\_ □ Other\_\_\_\_\_ □Other\_\_\_\_ □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. Nonindexed 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 (II) (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.

Control Number: 16079161

# STATE OF GEORGIA

## **Secretary of State**

Corporations Division 313 West Tower 2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

#### CERTIFICATE OF EXISTENCE

I, **Brad Raffensperger**, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

# JR Beanz, LLC a Domestic Limited Liability Company

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number : 19600701 Date Inc/Auth/Filed: 08/17/2016 Jurisdiction : Georgia Print Date : 09/14/2020

Form Number : 211



Bred Rafforsperger

Brad Raffensperger Secretary of State