M2160000000460

_____
(Requestor's Name)

_____
(Address)

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(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP   ☐ WAIT   ☐ MAIL

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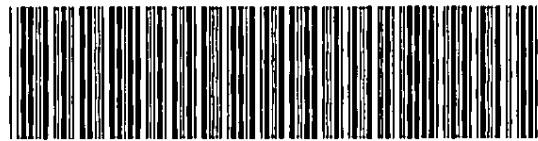(Business Entity Name)

_____
(Document Number)

Certified Copies _____   Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

COVER LETTER

TO: **Registration Section**
       Division of Corporations

          Deaco Jones Enterprises, 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:

       Tomas A. Jimenez, Jr.
       _____
                        Name of Person

       Deaco Jones Enterprises, LLC
       _____
                        Firm/Company

       1930 San Marco Blvd., Suite 204
       _____
                        Address

       Jacksonville, Florida 32207
       _____
                        City/State and Zip Code

       taj@jimenez-lawfirm.com
       _____
           E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tomas A. Jimenez, Jr.   904   225-5866
_____ at (_____) _____
      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   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 &   ☐ $155.00 Filing Fee &   ☐ $160.00 Filing Fee, Certificate
                        Certificate of Status   Certified Copy   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. Deaco Jones Enterprises, 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. Nevada
   (Jurisdiction under the law of which foreign limited liability company is organized)

3. 86-1198813
   (FEI number, if applicable)

4. December 29, 2020
   (Date first transacted business in Florida, if prior to registration.)
   (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 1401 Riverplace Blvd., Unit 2605
   (Street Address of Principal Office)

   Jacksonville, Florida 32207

6. 1930 San Marco Blvd., Suite 204
   (Mailing Address)

   Jacksonville. Florida 32207

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

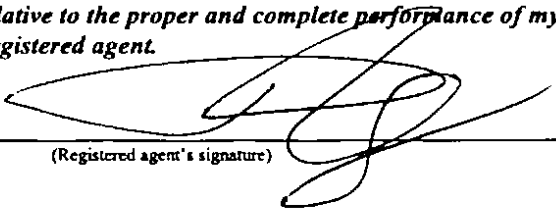   Name: Jimenez Law Firm, PA

   Office Address: 1930 San Marco Blvd., Suite 204

   Jacksonville _____ , Florida _____32207_____
   (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.

(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: Tomas A. Jimenez, Jr.	☐Manager	Name: _____
☐Member	Address: 1930 San Marco Blvd, #204	☐Member	Address: _____
☐Authorized	Jacksonville, Florida 32207	☐Authorized	_____
Person	_____	Person	_____
☐Other_____	☐Other_____	☐Other_____	☐Other_____

☐Manager	Name: _____	☐Manager	Name: _____
☐Member	Address: _____	☐Member	Address: _____
☐Authorized	_____	☐Authorized	_____
Person	_____	Person	_____
☐Other_____	☐Other_____	☐Other_____	☐Other_____

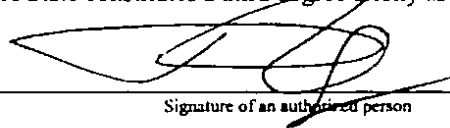|			
☐Manager	Name: _____	☐Manager	Name: _____
☐Member	Address: _____	☐Member	Address: _____
☐Authorized	_____	☐Authorized	_____
Person	_____	Person	_____
☐Other_____	☐Other_____	☐Other_____	☐Other_____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. 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

Tomas A. Jimenez, Jr.
_____
Typed or printed name of signee

SECRETARY OF STATE

STATE OF NEVADA

CERTIFICATE OF EXISTENCE
WITH STATUS IN GOOD STANDING

I, Barbara K. Cegavske, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada standing Revised Statutes which are either presently in a status of good standing or were in good for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **Deaco Jones Enterprises, LLC**, as a DOMESTIC LIMITED-LIABILITY COMPANY (86) duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since 11/25/2020, and is in good standing in this state.

I further certify that the above DOMESTIC LIMITED-LIABILITY COMPANY (86) has its formation document and no amendments on file in this office as of the date of this certificate.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 01/04/2021.

BARBARA K. CEGAVSKE
Secretary of State

Certificate Number: B202101041324850
You may verify this certificate
online at http://www.nvsos.gov