

W2100000196E

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

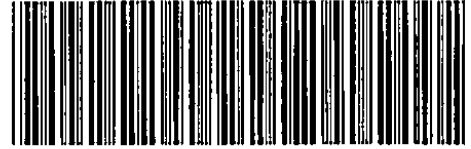
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JAM KEYS VENTURE, LLC
Name of Limited Liability Company

The enclosed Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida, Existence, and check are submitted to register the above referenced foreign limited liability company to transact business.

Please return all correspondence concerning this matter to the following:

JEAN W CHURAN

Name of Person

Firm/Company

896 N. LaFox St

Address

South Elgin, IL 60177

City/State and Zip Code

JCHURANReb@aol.com

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

For further information concerning this matter, please call:

JEAN W CHURAN

Name of Contact Person

at (847) 293-3906

Area Code

Daytime Telephone Number

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
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 & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy ☐ \$160.00 Filing Fee, of Status & Cer

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 COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. JAM KEYS VENTURE, 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. ILLINOIS
(Jurisdiction under the law of which foreign limited liability company is organized)

3. _____
(FEI number, if applicable)

4. None yet
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 896 N. LaFox St
(Street Address of Principal Office)

6. Same
(Mailing Address)

So Elgin IL

60177

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

Name: THERESA EVANS

Office Address: 90 Key Haven Rd

Key West, Florida 33040
(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 designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I do and accept the obligations of my position as registered agent.

Theresa Evans
(Registered agent's signature)

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons who manage (up to six (6) total):

Title or Capacity:

Name and Address:

☒ Manager

Name: THERESA EVANS

☐ Member

Address: 90 Key Haven Rd

☐ Authorized

Key West FL 33040

Person

☐ Other

☐ Other

☐ Manager

Name: _____

☐ Member

Address: _____

☐ Authorized

Person

☐ Other

☐ Other

☐ Manager

Name: _____

☐ Member

Address: _____

☐ Authorized

Person

☐ Other

☐ Other

Title or Capacity:

Name and Address:

☐ Manager

Name: _____

☐ Member

Address: _____

☐ Authorized

Person

☐ Other

☐ Other

☐ Manager

Name: _____

☐ Member

Address: _____

☐ Authorized

Person

☐ Other

☐ Other

☐ Manager

Name: _____

☐ Member

Address: _____

☐ Authorized

Person

☐ Other

☐ Other

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes. 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 jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate of the translator must be submitted)

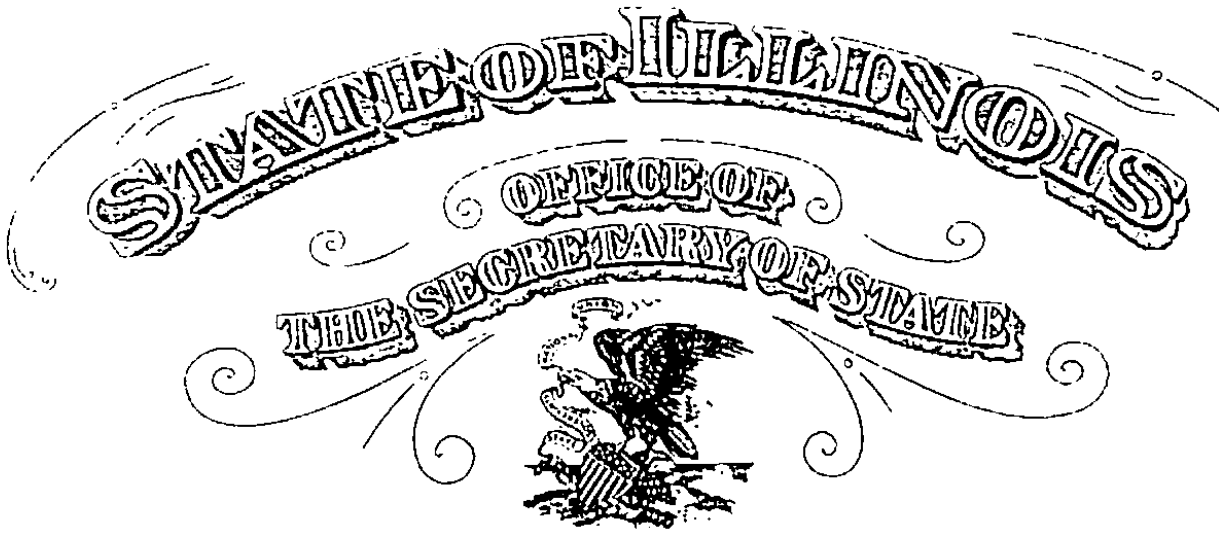
10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



Signature of an authorized person

JEAN W CHURAN, DVM

Typed or printed name of signee



To all to whom these Presents Shall Come, Greeting

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

JAM KEYS VENTURE, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON MARCH 02, 2020, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set
my hand and cause to be affixed the Great Seal
of the State of Illinois, this 25TH
day of JANUARY A.D. 2021 .

Jesse White

SECRETARY OF STATE