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(Requestor's Name)

(Address)

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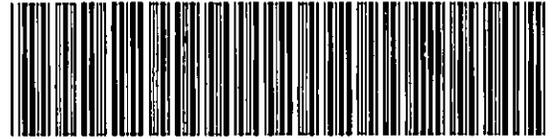
(City/State/Zip/Phone #)

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(Business Entity Name)

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**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** JCARCO Management, 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:

Tonya Calfee  
\_\_\_\_\_  
Name of Person  
  
JCARCO Management, LLC  
\_\_\_\_\_  
Firm/Company  
  
12949 Waiteville Rd  
\_\_\_\_\_  
Address  
  
Waiteville, WV 24984  
\_\_\_\_\_  
City/State and Zip Code  
  
tonya@securestoreus.com  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tonya Calfee at ( 540 ) 312-3922  
\_\_\_\_\_  
Name of Contact Person 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, 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. JCARCO Management 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. West Virginia (Jurisdiction under the law of which foreign limited liability company is organized)
3. 84-4586948 (FEI number, if applicable)

4. 4/1/2021 (Date first transacted business in Florida, if prior to registration) (See sections 605 0904 & 605 0905, F.S. to determine penalty liability)

5. 116 Heritage Circle (Street Address of Principal Office)
6. 12949 Waiteville Rd (Mailing Address)
Caldwell WV 24925 Waiteville WV 24984

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

Name: Northwest Registered Agent
Office Address: 7901 4th St N, STE 300
St Petersburg, Florida 33702
(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.

Tom Gilove
(Registered agent's signature)

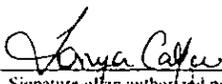
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: Josh Duncan	<input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: 116 Heritage Circle	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	Caldwell WV 24925	<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: Tonya Calfee	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: 12949 Waiteville Rd	<input type="checkbox"/> Member	Address: _____
<input checked="" type="checkbox"/> Authorized	Waiteville WV 24984	<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 _____

**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

Tonya Calfee  
 \_\_\_\_\_  
 Typed or printed name of signee

# State of West Virginia



## Certificate

*I, Mac Warner, Secretary of State of the State of West Virginia, hereby certify that*

JCARCO MANAGEMENT LLC

made application to the West Virginia Secretary of State's Office to be a registered limited liability company in the State of West Virginia on February 05, 2020. The application was received and found to conform to law.

The company is filed as an at-will company, for an indefinite period.

I further certify that the company has not been revoked or administratively dissolved by the State of West Virginia nor has the West Virginia Secretary of State issued a Certificate of Cancellation or Termination to the company.

Accordingly, I hereby issue this Certificate of Existence

### CERTIFICATE OF EXISTENCE

Validation ID:2WV3P\_R9NN8



*Given under my hand and the  
Great Seal of the State of  
West Virginia on this day of*

*January 26, 2021*

*Mac Warner*

*Secretary of State*