

N 210000004116

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

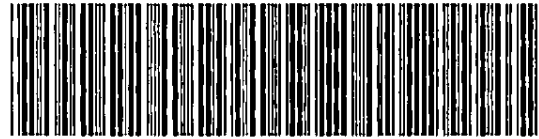
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W210000030224

Office Use Only



200360867732

03/01/21--01021--014 **125.00

04/12/21--01003--010 **638.75

FILED
2021 APR -9 PM 4:13
CLERK OF SUPERIOR COURT
JULIA A. BROWN

YS
4/10/21



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 18, 2021

JOSEPH BECK
383 SEXTANT LN
SANTA ROSA BEACH, FL 32459

SUBJECT: J&B FARMS LLC
Ref. Number: W21000036224

We have received your document for J&B FARMS LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

According to the application submitted to this office, this entity transacted business in the state of Florida before properly registering with the Florida Department of State, Division of Corporations. Consequently, a \$500 civil penalty and an annual report filing fee for each year the entity failed to properly file a Florida annual report are due this office. Based on the date entered on the application, the civil penalty and annual report filing fees total \$638.75.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yvette Scott
Document Specialist II

Letter Number: 621A00005771

RECEIVED
APR 07 2021

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JEB FARMS 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:

JOSEPH BECK
Name of Person

BECK VENTURES
Firm/Company

383 SEXTANT LN
Address

SANTA ROSA BEACH, FL 32459
City/State and Zip Code

josephbeck17@gmail.com
E-mail address: (to be used for future annual report notification)

FILED
2021 APR -9 PM 4:14
TALLAHASSEE, FL
STATE

For further information concerning this matter, please call:

JOSEPH BECK at (850) 716-9860
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. JEB FARMS LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

BECK CAPITAL 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. ALABAMA
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 83-3661067
(FEI number, if applicable)

4. 06/01/2020
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability.)

5. 383 SEXTANT LN
(Street Address of Principal Office)

6. 383 SEXTANT LN
(Mailing Address)

SANTA ROSA BEACH, FL

SANTA ROSA BEACH, FL

32459

32459

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

Name: JOSEPH BECK

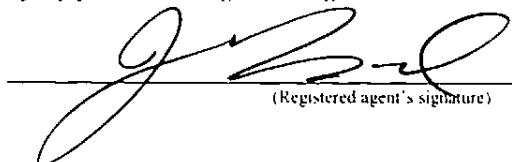
Office Address: 383 SEXTANT LN

SANTA ROSA BEACH
(City)

Florida 32459
(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:

☒ Manager Name: JOSEPH BECK

☐ Member Address: 383 SEXTANT LN

☐ Authorized SANTA ROSA BEACH, FL

Person 32459

☐ Other _____ ☐ Other _____

Title or Capacity: Name and Address:

☒ Manager Name: BRITTANY BECK

☐ Member Address: 383 SEXTANT LN

☐ Authorized SANTA ROSA BEACH, FL

Person 32459

☐ Other _____ ☐ Other _____

☐ Manager Name: BECK VENTURES LLC

☒ Member Address: 383 SEXTANT LN

☐ Authorized SANTA ROSA BEACH, FL

Person 32459

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

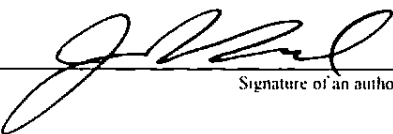
Person _____

☐ Other _____ ☐ Other _____

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

JOSEPH BECK

Typed or printed name of signee

John H. Merrill
Secretary of State

P.O. Box 5616
Montgomery, AL 36103-5616

STATE OF ALABAMA

**I, John H. Merrill, Secretary of State of Alabama, having custody of the
Great and Principal Seal of said State, do hereby certify that**

the entity records on file in this office disclose that J&B Farms LLC was formed in
Marshall County, Alabama on January 17, 2019. The Alabama Entity
Identification number for this entity is 540-362. I further certify that the records do
not disclose that said entity has been dissolved, cancelled or terminated.

2021 APR -9 PM 4:14
NOT STATE
SECRETARY



In Testimony Whereof, I have hereunto set my
hand and affixed the Great Seal of the State, at the
Capitol, in the city of Montgomery, on this day.

02/23/2021

Date

J. H. Merrill

20210223000008842

John H. Merrill

Secretary of State