

121000008851

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

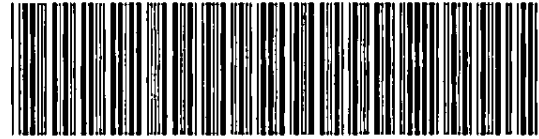
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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21 JUL 12 PM 3:31  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

ed-  
9324

7/12/21

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: JUST CALL JOHN Repair 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:

JOHN A. ROBINSON  
Name of Person

JUST CALL JOHN Repair LLC  
Firm/Company

13520 WHITE CAME PLACE  
Address

ESTERO, FL 33928  
City/State and Zip Code

JUST CALL JOHN REPAIR@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOHN A. ROBINSON at (724) 272-2012  
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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 28, 2021

JOHN A ROBINSON  
13520 WHITE CRANE PL  
ESTERO, FL 33928

SUBJECT: JUST CALL JOHN REPAIR LLC  
Ref. Number: W21000093124

We have received your document for JUST CALL JOHN REPAIR LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The titles of OWNER and WIFE is not acceptable you must be a manager, member or authorized person.,

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.

Tracy L Lemieux  
Regulatory Specialist II

Letter Number: 921A00014648

RECEIVED  
JUL 12 2021

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

IN COMPLIANCE WITH SECTION 605.002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY  
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. JUST CALL JOHN REPAIR 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.")

Commonwealth

2. STATE of Pennsylvania  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 83-4403537  
(FEI number, if applicable)

4. NO BUSINESS in STATE of Florida  
(Date first transacted business in Florida, if prior to registration)  
(See sections 605.004 & 605.005, F.S. to determine penalty liability)

5. 13520 WHITE CRANE PLACE  
(Street Address of Principal Office)

6. 13520 WHITE CRANE PLACE  
(Mailing Address)

ESTERO, FL 33928

ESTERO, FL 33928

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

Name:

JOHN A. ROBINSON

Office Address:

13520 WHITE CRANE PLACE

ESTERO, FL 33928

(City)

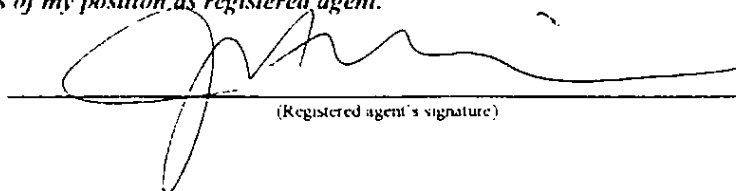
Florida

33928

(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)

FILED  
21 JUL 12 PM 3:22  
CLERK OF DISTRICT COURT  
STATE OF FLORIDA

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 checked="" type="checkbox"/> Manager	Name <u>John A Robinson</u>	<input type="checkbox"/> Manager	Name _____
<input checked="" type="checkbox"/> Member	Address: <u>13520 White Crane</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>Place</u>	<input type="checkbox"/> Authorized	_____
Person	<u>ESTERO, FL 33928</u>	Person	_____
<input checked="" type="checkbox"/> Other <u>Wife</u>	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

<input type="checkbox"/> Manager	Name: <u>Danna Robinson</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>13520 White Crane</u>	<input type="checkbox"/> Member	Address: _____
<input checked="" type="checkbox"/> Authorized	<u>Place</u>	<input type="checkbox"/> Authorized	_____
Person	<u>ESTERO, FL 33928</u>	Person	_____
<input checked="" type="checkbox"/> Other <u>Wife</u>	<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.

John A Robinson  
\_\_\_\_\_  
Signature of an authorized person  
John A Robinson  
\_\_\_\_\_  
Typed or printed name of signee

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF STATE

06/10/2021

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

Just Call John, LLC

is duly registered as a Pennsylvania Limited Liability Company under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written

A handwritten signature in cursive script, reading "Veronica W. Desjardis".

Acting Secretary of the Commonwealth

Certification Number: TSC210610203090-1

Verify this certificate online at <http://www.corporations.pa.gov/orders/verify>

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

IN COMPLIANCE WITH SECTION 065.002, FLORIDA STATUTES THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY  
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. JUST CALL JOHN REPAIR 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. Commonwealth of Pennsylvania 3. 83-4403537  
(Jurisdiction under the law of which foreign limited liability company is organized) (FBI number, if applicable)

4. NO Business in STATE of Florida  
(Date last transacted business in Florida, if prior to registration)  
(See sections 005.0004 & 005.0205, F.S. to determine penalty liability)

5. 13520 WHITE CRANE PLACE 6. 13520 WHITE CRANE PLACE  
(Street Address of Principal Office) (Mailing Address)  
ESTERO, FL 33929 ESTERO, FL 33929

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

Name: John A. Robinson

Office Address: 13520 WHITE CRANE PLACE  
ESTERO, FL 33929 Florida 33929  
(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.

[Signature]  
(Registered agent's signature)

ix. For initial filing purpose, list names, title or capacity, and addresses of the primary members/managers of 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 checked="" type="checkbox"/> Manager	Name _____	<input type="checkbox"/> Manager	Name _____
<input checked="" type="checkbox"/> Member	Address _____	<input type="checkbox"/> Member	Address _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
<input type="checkbox"/> Person	_____	<input type="checkbox"/> Person	_____
<input type="checkbox"/> Other _____	Other _____	<input type="checkbox"/> Other _____	Other _____
<input type="checkbox"/> Manager	Name _____	<input type="checkbox"/> Manager	Name _____
<input type="checkbox"/> Member	Address _____	<input type="checkbox"/> Member	Address _____
<input checked="" type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
<input type="checkbox"/> Person	_____	<input type="checkbox"/> Person	_____
<input type="checkbox"/> Other _____	Other _____	<input type="checkbox"/> Other _____	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	_____
<input type="checkbox"/> Person	_____	<input type="checkbox"/> Person	_____
<input type="checkbox"/> Other _____	Other _____	<input type="checkbox"/> Other _____	Other _____

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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 prepared. If the certificate is in a foreign language a translation of the certificate under oath or the translator must be submitted.

Official documents, including notary public seal, are not required to be submitted with this information. If you are submitting documents, please include them with the certificate of existence and a translation of the certificate under oath or the translator must be submitted.



COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF STATE

06/10/2021

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I DO HEREBY CERTIFY THAT,

Just Call John, LLC

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I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have hereunto set  
my hand and caused the Seal of the Secretary's  
Office to be affixed, the day and year above written.

*Thomas J. Long*

Acting Secretary of the Commonwealth

Certification Number: TSC210610203090-1

Verify this certificate online at <http://www.corporations.pa.gov/orders/verify>