

10/8/21, 3:53 PM

Division of Corporations

M2100013293

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000377252 3)))



H210003772523ABC\$

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (954)208-0845

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

2021 OCT -8 PM 4:05

TALLAHASSEE, FL 32309

FILED
2021 OCT -8 AM 8:54
TALLAHASSEE, FL
SECRETARY OF STATE

**Foreign Limited Liability Company
JDN ENTERPRISES, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

[Electronic Filing Menu](#)[Corporate Filing Menu](#)[Help](#)

SR

DocuSign Envelope ID: 1E4D6E84-16F7-41C3-9596-18ECFASC10D0

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. JDN Enterprises, L.L.C.

(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. Missouri

(Jurisdiction under the laws of which foreign limited liability company is organized)

47-5481707

3.

(FEI number, if applicable)

Upon Qualification

4.

(If the firm transacted business in Florida, if prior to registration, (See sections 605.0901 & 605.0902, F.S. to determine penalty liability.)

120 South Central Ave, Suite 500

5. (Street Address of Principal Office)

120 South Central Ave, Suite 500

6.

(Mailing Address)

St. Louis, MO 63105

St. Louis, MO 63105

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

Name: CT Corporation

Office Address: 1200 S. Pine Island Road, #250

Plantation

(City)

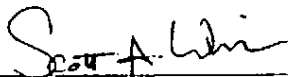
Florida

33324

(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.



Scott White, Assistant Secretary

(Registered agent's signature)

2021 OCT -8 AM 8:53
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

DocuSign Envelope ID: 1E406E84-16F7-41C3-9596-18ECFA5C10D0

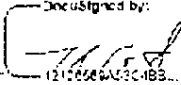
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage (up to six (6) total):

<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>Nicholas G. Sansone</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Douglas G. Sansone</u>
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>120 South Central Avenue, Suite 500</u>	<input type="checkbox"/> Authorized	<u>120 South Central Avenue, Suite 500</u>
Person	<u>St. Louis, MO 63105</u>	Person	<u>St. Louis, MO 63105</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input checked="" type="checkbox"/> Manager	Name: <u>James G. Sansone</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>120 South Central Avenue, Suite 500</u>	<input type="checkbox"/> Authorized	_____
Person	<u>St. Louis, MO 63105</u>	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.

Executed by: 
 12122023573
 Signature of an authorized person
 Nicholas G. Sansone
 Typed or printed name of signer

STATE OF MISSOURI



John R. Ashcroft
Secretary of State

CORPORATION DIVISION
CERTIFICATE OF GOOD STANDING

I, JOHN R. ASHCROFT, Secretary of State of the STATE OF MISSOURI, do hereby certify that the records in my office and in my care and custody reveal that

JDN Enterprises, LLC
LC001465396

was created under the laws of this State on the 20th day of October, 2013, and is active, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the GREAT SEAL of the State of Missouri. Done at the City of Jefferson, this 8th day of October, 2021.


Secretary of State



Certification Number: CERT-10082021-0039