## M21000 (6848

(Re	questor's Name)	<del>-</del>
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only

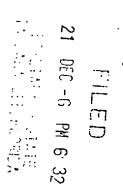


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T. LEMIEUX DEC 1 3 2021



## COVER LETTER

TO:

	&E Holding, LLC	
_		e of Limited Liability Company
		Company for Authorization to Transact Business in Florida," Certificate of referenced foreign limited liability company to transact business in Florida.
lease return a	all correspondence concerning this matter t	to the following:
	Eric Medus	
		Name of Person
	J&E Holding LLC	
		Firm/Company
	826 W Las Olas Blvd	
		Address
	Ft Lauderdale, FL 33312	
	C	City/State and Zip Code
	jeholdlinglle@gmail.com	
	E-mail address: (to be	e used for future annual report notification)
for further inf	ormation concerning this matter, please ca	III:
Eric I	Medus	352 256-4784
	Name of Contact Person	at ()
	ing Address:	Street Address:
	stration Section	Registration Section
	sion of Corporations	Division of Corporations
	Box 6327	The Centre of Tallahassee
Falla	ahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
	osed is a check for the following amount:	
	e make check payable to: FLORIDA DEI 25.00 Filing Fee S130.00 Filing Fe Certificate o	re & 🖂 \$155.00 Filing Fee & 🖂 \$160.00 Filing Fee, Certificate



November 9, 2021

ERIC MEDUS 826 W LAS OLAS BLVD FT LAUDERDALE, FL 33312

SUBJECT: J & E HOLDINGS, LLC Ref. Number: W21000144988

We have received your document for J & E HOLDINGS, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.", also are no longer acceptable.

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: 021A00027154

RECENTER DEC O R 2021

## 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 LIABILIT COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

ame unavailable, enter alternates	9 OF NPR, LLC me adopted for the purpose of transacting business in Fl	orida. The alternate n	ame must include "Limited I	Liability Company," "L.L.C,	','' or '
ouisiana  (Jurisdiction under the law of w	bich foreign limited hability company is organized)	3	(FE) aun	uber, if applicable)	
10/10/2021	(Date first transacted business in Florida, if prior to: (See sections 605 6964 & 605 6905; F.S. to determi				
	(See sections 605 0904 & 605 0905, F.S. to determi	ne penalty hability)			
5808 Missouri Ave			est Las Olas Blvd		
t Address of Principal Office)		(M	ailing Address)		
	4. 70		lerdale, FL 33312		
New Port Richey, Ft. 3		Ft Lauc —	icruate, F1, 55512		<del></del>
	ss of Florida registered agent: (P.O. Box Joey Lampert	NOT acceptal		21	
Name and <u>street addres</u>	Joey Lampert  401 E Las Olas Blvd., Suite 1400	NOT acceptal	ole)		
Name:	ss of Florida registered agent: (P.O. Box  Joey Lampert  401 E Las Olas Blvd., Suite 1400  Ft Lauderdale	NOT acceptal		21 bec -6 PM 6: 32	コフ

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.

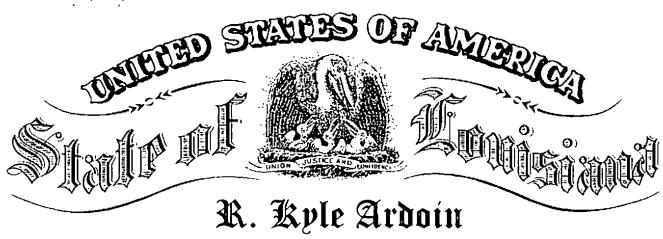
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity:	Name and Address:	Title or Capacit	<u>v:</u>	Name and Address:
≣Manager	Name: Eric Medus	□Manager	Name:	
■Member	Address: 826 W Las Olas Blvd	□Member	Address:	
□Authorized	Ft Lauderdale, FL 33312	□Authorized		
Person		Person		
□Other	Other	□Other		Other
≣Manager	Name: Jennifer Cabibi	∐Manager	Name:	
■Member	Address: 1910 Center Ave	□Member	Address:	
□Authorized	Arabi, LA 70032	□Authorized		
Person		Person		
□Other	□Other	□Other	<del></del>	□Other
□Managei	Name:	□Manager	Name:	<u> </u>
□Member	Address:	□Member	Address:	
□Authorized		□Authorized		<u>.</u>
Person	·	Person		
□Other	Other	□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 o 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 inform submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

6/m		
	Signature of an authorized person	
Eric P Medus		
	Typed or printed name of signee	



SECRETARY OF STATE

As Secretary of State, of the State of Louisiana, I do hereby Certify that

the Articles of Organization of

J & E HOLDING, L.L.C.

Domiciled at MERAUX, LOUISIANA,

Were filed in this Office and a Certificate of Organization was issued on November 10, 1999,

I further certify that no Certificate of Dissolution or Termination has been issued.

In testimony whereof, I have hereunto set my hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on,

October 27, 2021

L 12 fe No.
Secretary of State

Web 34858495K



Certificate ID: 11475825#BRK73

To validate this certificate, visit the following web site. go to Business Services, Search for Louisiana Business Filings, Validate a Certificate, then follow the instructions displayed.

www.sos.la.gov