

M21000017429

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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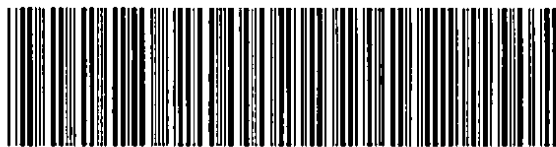
(Business Entity Name)

(Document Number)

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APPROVED
AND
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2021 DEC - 6 AM 9:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DEC 22 2021

K. Brumbley

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: _____

JONDIE 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:

Rebecca Davis

Name of Person

JONDIE LLC

Firm/Company

610 Duval St.

Address

Key West, FL 33040

City/State and Zip Code

rebecca@jondie.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rebecca Davis

Name of Contact Person

at

(615) 417-2765

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

RECEIVED

DEC 06 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 LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. JONDIE, 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. Tennessee
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 81-0933298
(FEI number, if applicable)

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

5. 98 4th Ave N.
(Street Address of Principal Office)
Franklin, TN
37064

6. 1043 Cabell Dr.
(Mailing Address)
Franklin, TN
37064

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

Name: Rebecca Davis

Office Address: 610 Duval St.
Key West, Florida
(City)

33040
(Zip code)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2021 DEC -6 AM 9:53

APPROVED
AND
FILED

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.

Rebecca Davis
(Registered agent's signature)

<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: <u>Rebecca Davis</u>
<input checked="" type="checkbox"/> Member	Address: <u>1043 Cabell Dr.</u>
<input type="checkbox"/> Authorized	<u>Franklin, TN</u>
Person	<u>37064</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____
Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____
Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____
Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

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



Tre Hargett
Secretary of State

Division of Business Services
Department of State
State of Tennessee
312 Rosa L. Parks AVE, 6th FL
Nashville, TN 37243-1102

REBECCA DAVIS
1043 CABELL DRIVE
FRANKLIN, TN 37064

November 29, 2021

Request Type: Certificate of Existence/Authorization
Request #: 0447487

Issuance Date: 11/29/2021
Copies Requested: 1

Document Receipt

Receipt #: 006744574 Filing Fee: \$20.00
Payment-Credit Card - State Payment Center - CC #: 3818957352 \$20.00

Regarding: Jondie LLC

Filing Type: Limited Liability Company - Domestic
Formation/Qualification Date: 05/13/2015
Status: Active
Duration Term: Perpetual
Business County: WILLIAMSON COUNTY

Control #: 799721
Date Formed: 05/13/2015
Formation Locale: TENNESSEE
Inactive Date:

CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

Jondie LLC

- * is a Limited Liability Company duly formed under the law of this State with a date of incorporation and duration as given above;
- * has paid all fees, interest, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;
- * has filed the most recent annual report required with this office;
- * has appointed a registered agent and registered office in this State;
- * has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Tre Hargett
Secretary of State

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