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2022 MAR 21 PM 12:22
CLERK OF DISTRICT COURT
JANET M. COOPER, JR.

APR 15 2022
K. Brumbley



**Keystone Agency
Partners**

March 14, 2022

Registration Section
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Re: L. Calvin Jones & Co., Inc.
- Withdrawal & Re-registration

To Whom it May Concern,

L. Calvin Jones & Co., Inc. recently converted from a C Corporation to an LLC in their domestic state of Ohio and an update to their foreign registration is necessary. Per your instruction, I have enclosed a completed Application for Withdrawal of Authority to Transact Business and an Application for Authorization to Transact Business. I have included a check for the \$125 filing fee, a Certificate of Good Standing from the domestic state, and a copy of the letter sent by your office.

Should you have any questions or require additional information, please contact me directly at (330) 881-7953 or via email at aglenn@keystoneagencypartners.com.

Very Truly Yours,

Amy Glenn
Licensing Coordinator
Keystone Agency Partners

COVER LETTER

TO: **Registration Section**
 Division of Corporations

SUBJECT: L. Calvin Jones & Co., 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:

Amy Glenn

Name of Person

Keystone Agency Partners LLC

Firm/Company

PO Box 463

Address

Irwin, PA 15642

City/State and Zip Code

aglenn@keystoneagencypartners.com

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

For further information concerning this matter, please call:

Amy Glenn

330

881-7953

at (_____) _____

Name of Contact Person

Area Code

Daytime Telephone Number

MAILING ADDRESS:

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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. L. Calvin Jones & Co., 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. Ohio
(Jurisdiction under the law of which foreign limited liability company is organized)

3. (FEI number, if applicable)

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

5. 2600 Commerce Dr.
(Street Address of Principal Office)

6. PO Box 463
(Mailing Address)

Harrisburg, PA 15642

Irwin, PA 15642

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

Name: REGISTERED AGENTS INC.

Office Address: 7901 4TH ST N STE 300

ST PETERSBURG, Florida 33702
(City) (Zip code)

APPROVED
AND
FILED
2022 MAR 21 PM 12:22
CLERK OF DISTRICT COURT
NINTH JUDICIAL CIRCUIT
TALLAHASSEE, FLORIDA

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: Keystone Agency Partners LLC

☒ Member Address: 2600 Commerce Dr.

☐ Authorized Harrisburg, PA 17110

Person _____

☐ Other _____ ☐ Other _____

Title or Capacity: Name and Address:

☐ Manager Name: Michael S. Reddy, Jr.

☐ Member Address: 2600 Commerce Dr.

☒ Authorized Harrisburg, PA 17110

Person _____

☒ Other President ☐ Other _____

☐ Manager Name: Michael Rossi

☐ Member Address: 2600 Commerce Dr.

☐ Authorized Harrisburg, PA 17110

Person _____

☒ Other Secretary ☐ Other _____

☐ Manager Name: Keith A. Miller

☐ Member Address: 3744 Starrs Centre Dr.

☐ Authorized Cantfield, OH 44406

Person _____

☒ Other CEO ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

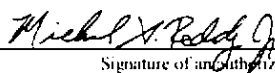
Person _____

☐ 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

Michael S. Reddy, Jr.

Typed or printed name of signer

UNITED STATES OF AMERICA
STATE OF OHIO
OFFICE OF THE SECRETARY OF STATE

I, Frank LaRose, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show L. CALVIN JONES & CO., LLC, an Ohio For Profit Limited Liability Company, Registration Number 198966, was organized within the State of Ohio on December 16, 1946, is currently in FULL FORCE AND EFFECT upon the records of this office.



Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 13th day of December, A.D. 2021.

A handwritten signature in cursive script, appearing to read "Frank LaRose".

Ohio Secretary of State

Validation Number: 202134702348