

M22000012464

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

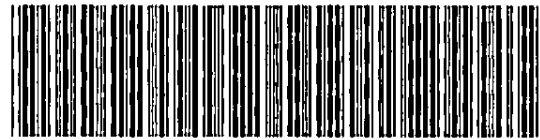
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2022 JUL 29 PM 12:45

AUG 10 2022

M. SOLOMON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JM Jefferson, 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:

Michelle Karl, CPA

Name of Person

Wiatr & Associates, LLC

Firm/Company

1212 8th Ave S STE 102

Address

Nashville, TN 37203

City/State and Zip Code

sarah@wiatrassociates.com

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

For further information concerning this matter, please call:

Michelle Karl, CPA

615

832-6344

Name of Contact Person

at ()

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

2022 JUL 29 PM 12:45

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. The JM Jefferson, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "L.L.C.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "L.L.C.")

2. TN 3. 86-1765489
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 06/15/2022
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0903, F.S. to determine penalty liability)

5. 1212 8th Ave S STE 102 6. PO Box 331847
(Street Address of Principal Office) (Mailing Address)
Nashville, TN 37203 Nashville, TN 37203

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

Name: CT Corporation System
Office Address: 1200 South Pine Island Road
Plantation, Florida 33324
(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.

DEBORA COKBLEN DEBORA COKBLEN
(Registered agent's signature) ASST. SECY FOR CT.

2022 JUL 29 7:12:45

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: Christopher Stapleton

☒ Member Address: 1212 8th Ave S STE 102

☐ Authorized Nashville, TN 37203

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: Daniel Kris Wiatr

☐ Member Address: 1212 8th Ave S STE 102

☒ Authorized Nashville, TN 37203

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

Title or Capacity: **Name and Address:**

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

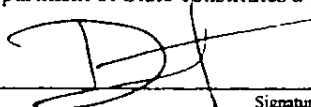
Person _____

☐ 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

Daniel Kris Wiatr

 Typed or printed name of signer



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

DANIEL KRIS WIATR
STE 102
1212 8TH AVE S
NASHVILLE, TN 37203

June 9, 2022

Request Type: Certificate of Existence/Authorization
Request #: 0479732

Issuance Date: 06/09/2022
Copies Requested: 1

Document Receipt

Receipt #: 007288791 Filing Fee: \$20.00
Payment-Credit Card - State Payment Center - CC #: 3830677249 \$20.00

Regarding: The JM Jefferson, LLC
Filing Type: Limited Liability Company - Domestic Control #: 1076750
Formation/Qualification Date: 01/31/2020 Date Formed: 01/31/2020
Status: Active Formation Locale: TENNESSEE
Duration Term: Perpetual Inactive Date:
Business County: DAVIDSON COUNTY

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

The JM Jefferson, 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

Processed By: Cert Web User

Verification #: 054202821



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 9, 2022

MICHELLE KARL, CPA
1212 8TH AVE S STE 102
NASHVILLE, TN 37203

SUBJECT: JM JEFFERSON, LLC
Ref. Number: W22000090383

We have received your document for JM JEFFERSON, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name listed in number one of the application must be identical to the name listed in the certificate of existence.

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.

Consina Griffin-Greaux
Regulatory Specialist II

Letter Number: 622A00015327

J--