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COVER LETTER

TO: Registration Section Division of Corporations

J.H. Two, LLC

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SUBJECT: _____

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:

	Name of Person
Dinsmore & Shohl, LLP	
	Firm/Company
201 N. Franklin St. Ste. 3050	
<u> </u>	Address
Tampa, FL 33602	
	City/State and Zip Code
jason.lambert@dinsmore.com	
E-mail address: (to	be used for future annual report notification)
E-mail address: (to r information concerning this matter, please of	
r information concerning this matter, please o	eall: 813 5439823
r information concerning this matter, please of lason Lambert Name of Contact Person Mailing Address:	eall: at () 5439823 Area Code Daytime Telephone Numb <u>Street Address:</u>
r information concerning this matter, please o lason Lambert Name of Contact Person <u>Hailing Address:</u> Registration Section	eall: at (<u>)</u> _5439823 Area CodeDaytime Telephone Numb <u>Street Address:</u> Registration Section
r information concerning this matter, please o lason Lambert Name of Contact Person <u>Hailing Address:</u> Registration Section Division of Corporations	eall: at (<u>)</u> _5439823 Area Code Daytime Telephone Numb <u>Street Address:</u> Registration Section Division of Corporations
r information concerning this matter, please o lason Lambert Name of Contact Person <u>Hailing Address:</u> Registration Section	eall: at (<u>)</u> _5439823 Area CodeDaytime Telephone Numb <u>Street Address:</u> Registration Section

■ \$125.00 Filing Fee □ \$130.00 Filing Fee & □ \$155.00 Filing Fee & Certificate of Status Certified Copy

S160.00 Filing Fee, Certificate of Status & Certified Copy

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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0002, FLORIDA STATUTES. THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN-LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

ime unavailable, enter alternate n	ame adopted for the purpose of transacting business in Flo	orida. The alternate name must include "Limited Liability C	'ompany," "L.L.C," or		
Virginia		54-1814357			
(Jurisdiction under the law of which foreign limited liability company is organized)		3(FEI number, if ap	(FEI number, if applicable)		
None					
	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605,0905, F.S. to determi	egistration) to penalty liability)			
1327 POINDEXTER ST		1327 POINDEXTER ST			
et Address of Principal Office)		6(Mailing Address)			
CHESAPEAKE, VA, 23324		CHESAPEAKE, VA, 23324			
Name and <u>street addres</u>	s of Florida registered agent: (P.O. Box	<u>NOT</u> acceptable)	・ サフト マン・ シン・ ション・		
Name:	Jason Lambert				
Office Address:	201 N. Franklin St. Ste. 3050				
	Tampa, FL 33602	33602 . Florida			
	(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.

(Registered agent's spece) 9/7/2022

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 Capacity	<u>v:</u>	Name and Address:
■ Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	
Authorized	CHESAPEAKE, VA, 23324	Authorized		
Person		Person		
Other	Other	□Other		Other
□Manager	Name:	□Manager	Name:	
□Member	Address:	Member	Address:	<u></u>
Authorized		Authorized		2022
Person		Person		
Other	Other	Other		Other 0
□Manager	Name:	□Manager	Name:	<u> </u>
Member	Address:	□Member	Address:	
□Authorized		Authorized		
Person		Person		
Other	□ Other	DOther		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.

Gerald Harry 3/2022 Significant of an authorized Dervon

Gerald Harris as Manager of J.H. Two, LLC

Typed or printed name of signee

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Commonwealth & Hirginia



State Corporation Commission

CERTIFICATE OF FACT

I Certify the Following from the Records of the Commission:

That J.H. TWO, L.C. is duly organized as a Limited Liability Company under the law of the Commonwealth of Virginia:

That the Limited Liability Company was formed on June 28, 1996; and

That the Limited Liability Company is in existence in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.



Signed and Sealed at Richmond on this Date:

September 7, 2022

Bernard J. Logan, Clerk of the Commission