

W23000001970

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

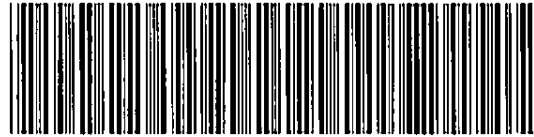
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W23-18915

Office Use Only



900391504549

2023 FEB 10 PM 3:52

6 FEB 10 PM 3:52
FEB 10 2023

RECEIVED
2023 FEB 10 PM 3:52
DIRECTOR'S OFFICE
FLORIDA DEPARTMENT OF REVENUE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 11, 2023

CSC

SUBJECT: JACKSONVILLE ROYCE LLC
Ref. Number: W23000018915

RESUBMIT
Please give original
submission date as file date.
2/10/23

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

The name designated in your document is unavailable since it is the same as or not distinguishable from the name of a voluntarily dissolved business entity. This name is not available for the assumption or use by another entity for 120 days after the effective date of the dissolution. The dissolved business entity may provide the Department of State with an affidavit or letter, releasing the name for use to you and affirming they have no intention of revoking the dissolution or you may adopt an alternate name for use in Florida. If you choose to adopt an alternate name, please enter that name in the space provided in number one of the application.

The document number of the name conflict is L23000031899.

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.

KYLE D BRUMBLEY
Regulatory Specialist II Supervisor

Letter Number: 723A00003356

RECEIVED
2023 FEB 14 PM 3:38
TALLAHASSEE, FL 32314

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 477609 8348824

AUTHORIZATION :

COST LIMIT : \$ 160.00

ORDER DATE : February 10, 2023

ORDER TIME : 2:01 PM

ORDER NO. : 477609-005

CUSTOMER NO: 8348824

FOREIGN FILINGS

NAME: JACKSONVILLE ROYCE LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY

XX PLAIN STAMPED COPY

XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER: _____

**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. Jacksonville Royce 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. Delaware 3. _____
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. February 23, 2023
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. <u>Jacksonville Royce LLC</u> (Street Address of Principal Office)	6. <u>Jacksonville Royce LLC</u> (Mailing Address)
<u>4259 Perimeter Industrial Parkway West</u>	<u>495 Upper Grassy Hill Road</u>
<u>Jacksonville, FL 32219</u>	<u>Woodbury, CT 06798</u>

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

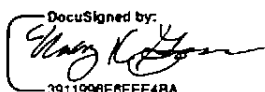
Name: Mary K. Giguere

Office Address: 2700 N Ocean Drive, Unit 1602A

Singer Island, Florida 33404
(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.

DocuSigned by:


(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]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: Mary K. Giguere	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input checked="" type="checkbox"/> Authorized	2700 N Ocean Drive, Unit 1602A	<input type="checkbox"/> Authorized	_____
Person	Singer Island, FL 33404	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	 Name: Jessica L. Giguere	 <input type="checkbox"/> Manager	 Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input checked="" type="checkbox"/> Authorized	495 Upper Grassy Hill Road	<input type="checkbox"/> Authorized	_____
Person	Woodbury, CT 06798	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	 Name: _____	 <input type="checkbox"/> Manager	 Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> 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.

DocuSigned by:

 32119020222454

Signature of an authorized person

Mary K. Giguere

Typed or printed name of signee

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "JACKSONVILLE ROYCE LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TENTH DAY OF FEBRUARY, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "JACKSONVILLE ROYCE LLC" WAS FORMED ON THE TWENTIETH DAY OF DECEMBER, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.



7198101 8300

SR# 20230465159

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line.

Jeffrey W. Bullock, Secretary of State

Authentication: 202688244

Date: 02-10-23

To: FLORIDA DEPARTMENT OF STATE
Division of Corporations

AFFIDAVIT

BEFORE ME, the undersigned authority, authorized to take acknowledgements and administer oaths, personally appeared, MARY K. GUGUERE, who, after first being duly sworn, deposes and says:

1. I am the Manager of Royce Properties LLC, a Connecticut limited liability, the sole member of Jacksonville Royce LLC, a Florida dissolved limited liability company.
2. Jacksonville Royce LLC has no intention of revoking its dissolution in the State of Florida.
3. The name Jacksonville Royce LLC may be released immediately for the benefit of Jacksonville Royce LLC, a Delaware limited liability, for use in the State of Florida.

FURTHER AFFIANT SAYETH NAUGHT.

JACKSONVILLE ROYCE LLC
a Florida dissolved limited liability company

By: ROYCE PROPERTIES LLC
a Connecticut limited liability company,
its sole member

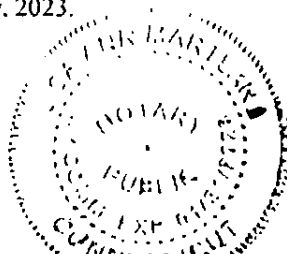
By: 
Mary K. Giguere, Manager

STATE OF CONNECTICUT
COUNTY OF LITCHFIELD

The foregoing instrument was acknowledged before me this 14th day of February, by Mary K. Giguere, as Manager of Royce Properties LLC, who is personally known to me who did take an oath.

WITNESS my hand and official seal in the County and State last aforesaid this 14th day of February, 2023.

(SEAL)




NOTARY PUBLIC

