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3/19/23

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** JBJ Construction Group, 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:

Michael Bonura  
\_\_\_\_\_

Name of Person

JBJ Construction Group, LLC  
\_\_\_\_\_

Firm/Company

2951 US Route 9W  
\_\_\_\_\_

Address

New Windsor, NY 12553  
\_\_\_\_\_

City/State and Zip Code

mike@bonurahospitality.com  
\_\_\_\_\_

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

For further information concerning this matter, please call:

Michael Bonura  
\_\_\_\_\_

845

797-2977

at ( \_\_\_\_\_ )

Name of Contact Person

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

**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. JBJ Construction Group, 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. New York 3. 83-1726591  
(Jurisdiction under the law of which foreign limited liability company is organized) (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. 2951 US Route 9W 6. 2951 US Route 9W  
(Street Address of Principal Office) (Mailing Address)

New Windsor, NY 12553 New Windsor, NY 12553

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

Name: WWMR STATUTORY AGENT, LLC  
Office Address: 9045 Strada Stell CT, 4th Floor  
Naples, Florida 34109  
(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.*

Josh Rudnick  
(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: Michael Bonura	<input type="checkbox"/> Manager	Name: Joseph Bonura Jr.
<input checked="" type="checkbox"/> Member	Address: 2951 US Route 9W	<input checked="" type="checkbox"/> Member	Address: 2951 US Route 9W
<input type="checkbox"/> Authorized	New Windsor, NY 12553	<input type="checkbox"/> Authorized	New Windsor, NY 12553
Person		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
 <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.



Signature of an authorized person

Michael Bonura

Typed or printed name of signer

**STATE OF NEW YORK**

**DEPARTMENT OF STATE**

**Certificate of Status**

I, ROBERT J. RODRIGUEZ, Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

<b>Entity Name:</b>	JBJ CONSTRUCTION GROUP, LLC
<b>DOS ID Number:</b>	5389834
<b>Entity Type:</b>	DOMESTIC LIMITED LIABILITY COMPANY
<b>Entity Status:</b>	EXISTING
<b>Date of Initial Filing with DOS:</b>	08/08/2018
<b>Statement Status:</b>	CURRENT
<b>Statement Due Date:</b>	08/31/2024

I certify that the following is a list of documents on file in the Department of State for said entity:

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<b>Document Type:</b>	ARTICLES OF ORGANIZATION
<b>Date of Filing:</b>	08/08/2018
<b>Entity Name:</b>	JBJ CONSTRUCTION GROUP, LLC

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<b>Document Type:</b>	BIENNIAL STATEMENT
<b>Date of Filing:</b>	02/23/2023
<b>Effective Date:</b>	08/01/2022

Above space is left blank intentionally.

No information is available from this office regarding the financial condition, business activity or practices of this entity.

WITNESS my hand and official seal of the Department  
of State, at the City of Albany, on February 23, 2023 at  
10:49 A.M.

ROBERT J. RODRIGUEZ, Secretary of State



*Brendan C. Hughes*

By Brendan C. Hughes  
Executive Deputy Secretary of State