

M23000005964

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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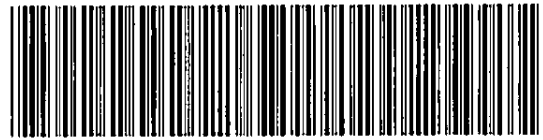
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FL

CP

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: JADE VACATION RENTALS, 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:

DIANE LOEHR  
Name of Person

JADE VACATION RENTALS, LLC  
Firm/Company

260 S. STATE ST.  
Address

WESTERVILLE, OH 43086-0794  
City/State and Zip Code

Jadevacationinfo@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DIANE LOEHR at ( 614 ) 638-0876  
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. JADE VACATION RENTALS, 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 3. 92-3135164  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. HAVE NOT DONE BUSINESS YET  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 260 S. STATE ST 6. 260 S. STATE ST  
(Street Address of Principal Office) (Mailing Address)

WESTERVILLE OH

WESTERVILLE OH

43086-0794

43086-0794

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

Name: DIANE LOEHR

Office Address: 4100 OAKTREE DR.

DAVENPORT  
(City)

Florida 33837  
(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 signature)

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TALLAHASSEE, FL

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: <u>DIANE LOEHR</u>	<input type="checkbox"/> Manager	Name: <u>JASON LOEHR</u>
<input type="checkbox"/> Member	Address: <u>260 S. STATE ST.</u>	<input type="checkbox"/> Member	Address: <u>260 S. STATE ST.</u>
<input type="checkbox"/> Authorized	<u>P.O. BOX</u>	<input type="checkbox"/> Authorized	<u>P.O. BOX 794</u>
Person	<u>WESTERVILLE, OH 43086-0794</u>	Person	<u>WESTERVILLE, OH 43086-0794</u>
<input checked="" type="checkbox"/> Other <u>OWNER</u>	<input checked="" type="checkbox"/> Other <u>STATUTORY AGENT</u>	<input type="checkbox"/> Other	<input checked="" type="checkbox"/> Other <u>OWNER</u>
	<u>OHIO</u>		
	<u>REGISTERED AGENT</u>		
	<u>FLORIDA</u>		
<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: <u>AMANDA FESSEHAZION</u>	<input type="checkbox"/> Manager	Name: <u>DAVID FESSEHAZION</u>
<input type="checkbox"/> Member	Address: <u>260 S. STATE ST.</u>	<input type="checkbox"/> Member	Address: <u>260 S. STATE ST.</u>
<input type="checkbox"/> Authorized	<u>P.O. BOX 794</u>	<input type="checkbox"/> Authorized	<u>P.O. BOX 794</u>
Person	<u>WESTERVILLE, OH 43086-0794</u>	Person	<u>WESTERVILLE, OH 43086-0794</u>
<input checked="" type="checkbox"/> Other <u>OWNER</u>	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Other <u>OWNER</u>

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

DIANE LOEHR  
\_\_\_\_\_  
Typed or printed name of signer



DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	CERT	COPY
03/27/2023	202308500404	OHIO LLC - ARTICLES OF ORGANIZATION (LCP)	99.00	0 00	0.00	0 00

**Receipt**

This is not a bill. Please do not remit payment.

REESE LAW FIRM, LLC  
440 POLARIS PKWY, STE. 110  
STE 110  
WESTERVILLE, OH 43082

**STATE OF OHIO  
CERTIFICATE**

**Ohio Secretary of State, Frank LaRose**  
5023948

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

**JADE VACATION RENTALS, LLC**

and, that said business records show the filing and recording of:

Document(s)

**OHIO LLC - ARTICLES OF ORGANIZATION**

Effective Date: 03/26/2023

Document No(s):

**202308500404**



United States of America  
State of Ohio  
Office of the Secretary of State

Witness my hand and the seal of the  
Secretary of State at Columbus, Ohio this  
27th day of March, A.D. 2023.

**Ohio Secretary of State**