

M23000006624

(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:

Office Use Only



700408250707

05/09/23 -01020-020 **130.00

FILED
2023 MAY -9 PM 5:03
CLERK OF COURT

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: JCMG, LLC, a Michigan limited liability company

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:

Gregory T. Rivers

Name of Person

JCMG, LLC d/b/a 5830 Midnight Pass 87, LLC

Firm/Company

39737 Phillips Drive

Address

Northville, MI 48167

City/State and Zip Code

Greg.Rivers@newparadigmpromo.com

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

For further information concerning this matter, please call:

Gregory T. Rivers

313

475-4198

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

5830 Midnight Pass 87, 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. Michigan 3. 46-5081244
(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. 5830 Midnight Pass Rd #87 6. 39737 Phillips Dr
(Street Address of Principal Office) (Mailing Address)
Sarasota, FL 34242 Northville, MI 48167

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

Name: iTrip Sarasota, Attn: Loretta Luhman
Office Address: 5774 S. Tamiami Trail
Sarasota, Florida 34231
(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.

Loretta Luhman
Loretta Luhman (Apr 15, 2023 12:15 EDT)

(Registered agent's signature)

FILED
2023 MAY -9 PM 5:03
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>Gregory T. Rivers</u>	<input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: <u>39737 Phillips Dr</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>Northville, MI 48167</u>	<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 _____
 <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.

Gregory T Rivers
Gregory T Rivers (Apr 16, 2023 12:22 EDT)

Signature of an authorized person

Gregory T. Rivers

Typed or printed name of signer











Application to Conduct Business in FL - JCMG, LLC dba 5830 Midnight Pass 87, LLC

Final Audit Report

2023-04-19

Created:	2023-04-18
By:	Marisa Kiefer (marisa@adams.law)
Status:	Signed
Transaction ID:	CBJCHBCAABAA8kOeQLNDV91Gw0qFbz0E3CNkr_I8mCw3

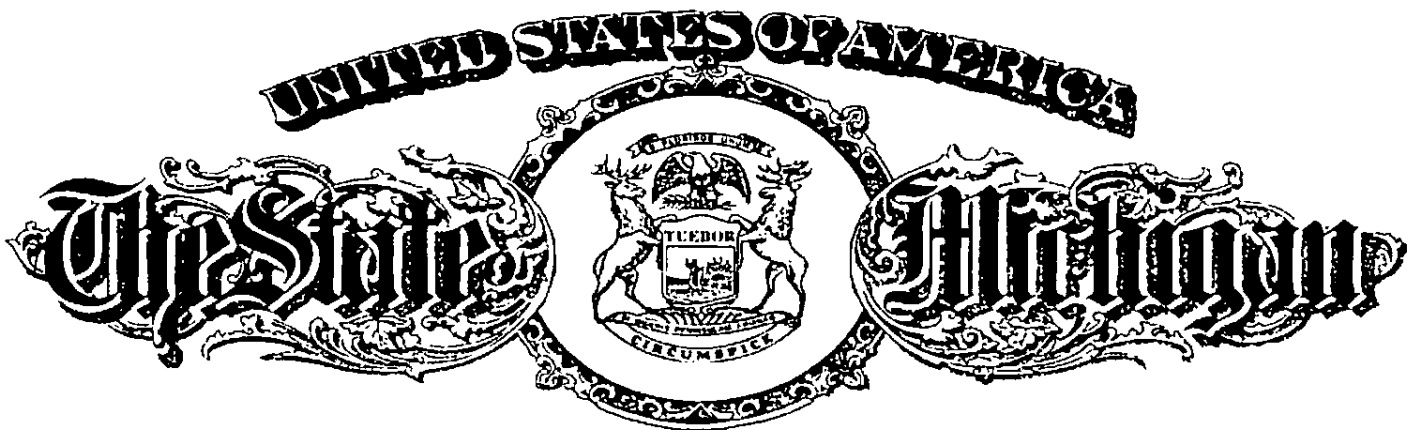
"Application to Conduct Business in FL - JCMG, LLC dba 5830 Midnight Pass 87, LLC" History

-  Document created by Marisa Kiefer (marisa@adams.law)
2023-04-18 - 9:09:51 PM GMT
-  Document emailed to greg.rivers@newparadigmpromo.com for signature
2023-04-18 - 9:21:12 PM GMT
-  Email viewed by greg.rivers@newparadigmpromo.com
2023-04-18 - 9:21:40 PM GMT
-  Signer greg.rivers@newparadigmpromo.com entered name at signing as Gregory T Rivers
2023-04-18 - 9:22:03 PM GMT
-  Document e-signed by Gregory T Rivers (greg.rivers@newparadigmpromo.com)
Signature Date: 2023-04-18 - 9:22:05 PM GMT - Time Source: server
-  Document emailed to lluhman@itrip.net for signature
2023-04-18 - 9:22:06 PM GMT
-  Email viewed by lluhman@itrip.net
2023-04-19 - 1:14:21 AM GMT
-  Signer lluhman@itrip.net entered name at signing as Loretta Luhman
2023-04-19 - 1:15:13 AM GMT
-  Document e-signed by Loretta Luhman (lluhman@itrip.net)
Signature Date: 2023-04-19 - 1:15:15 AM GMT - Time Source: server
-  Agreement completed.
2023-04-19 - 1:15:15 AM GMT

Names and email addresses are entered into the Acrobat Sign service by Acrobat Sign users and are unverified unless otherwise noted.



Adobe Acrobat Sign



Department of Licensing and Regulatory Affairs

Lansing, Michigan

This is to Certify That

JCMG, LLC

*was validly authorized on February 20, 2014, as a Michigan
DOMESTIC LIMITED LIABILITY COMPANY
and said limited liability company is validly in existence under the laws of this state and has satisfied its
annual filing obligations.*

*This certificate is issued pursuant to the provisions of 1993 PA 23 to attest to the fact that the company is
in good standing in Michigan as of this date.*

*This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit
given it in every court and office within the United States.*



Sent by electronic transmission

Certificate Number: 23040350106

*In testimony whereof, I have hereunto set my hand,
in the City of Lansing, this 17th day of April, 2023.*

Linda Clegg, Director

Corporations, Securities & Commercial Licensing Bureau