## M230000189

(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



900409378249

23 N ~ 17 FH 4: 09

85/51/25--613/3--614 → + 1.

T. LEL:



## **COVER LETTER**

TO:

Name of Limited Liability Company expected "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida stence, and check are submitted to register the above referenced foreign limited liability company to transact business are return all correspondence concerning this matter to the following:    Josef Bucher		JaxLand2021 LLC					
enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Floridatence, and check are submitted to register the above referenced foreign limited liability company to transact business are return all correspondence concerning this matter to the following:    Josef Bucher							
tence, and check are submitted to register the above referenced foreign limited liability company to transact but see return all correspondence concerning this matter to the following:    Josef Bucher		Name	e of Limited Liability Company				
Josef Bucher    Name of Person	closed	"Application by Foreign Limited Liability (	Company for Authorization to Transact Business in Florida." Certification for ign limited liability company to transact business in				
JaxLand2021 LLC  Firm/Company  13118 Wexford Hollow Rd N  Address  Jacksonville, FL 32224  City/State and Zip Code  jbucher11@gmail.com  E-mail address: (to be used for future annual report notification)  further information concerning this matter, please call:  Josef Bucher  Josef Bucher  Name of Contact Person  Mailing Address: Registration Section Division of Corporations P.O. Box 6327  Tallahassee, FL 32314  Name of Person  Address  Firm/Company  Address  Stry Caddress  Registration Section Division of Corporations The Centre of Tallahassee Tallahassee, FL 32314							
Name of Person  JaxLand2021 LLC  Firm/Company  13118 Wexford Hollow Rd N  Address  Jacksonville, FL 32224  City/State and Zip Code jbucher11@gmail.com  E-mail address: (to be used for future annual report notification)  further information concerning this matter, please call:  Josef Bucher  Name of Contact Person  Mailing Address: Registration Section Division of Corporations P.O. Box 6327  Tallahassee, FL 32314  Name of Person  Address  Street Address: Registration Section Division of Corporations P.O. Box 6327  Tallahassee, FL 32314  Name of Person  Address  Street Address: Registration Section Division of Corporations P.O. Box 6327  Tallahassee, FL 32314	return	an correspondence concerning this matter to	o the following.				
JaxLand2021 LLC  Firm/Company  13118 Wexford Hollow Rd N  Address  Jacksonville, FL 32224  City/State and Zip Code  jbucher11@gmail.com  E-mail address: (to be used for future annual report notification)  further information concerning this matter, please call:  Josef Bucher  at (		Josef Bucher					
Firm/Company  13118 Wexford Hollow Rd N  Address  Jacksonville, FL 32224  City/State and Zip Code  jbucher11@gmail.com  E-mail address: (to be used for future annual report notification)  further information concerning this matter, please call:  Josef Bucher  Josef Bucher  Name of Contact Person  Name of Contact Person  Mailing Address: Registration Section Division of Corporations P.O. Box 6327  Tallahassee, FL 32314  PAddress  Registration Section Division of Corporations The Centre of Tallahassee Tallahassee, FL 32314		Name of Person					
Address  Jacksonville, FL 32224  City/State and Zip Code  jbucher I 1@gmail.com  E-mail address: (to be used for future annual report notification)  further information concerning this matter, please call:  Josef Bucher  Name of Contact Person  Mailing Address: Registration Section Division of Corporations P.O. Box 6327  Tallahassee, FL 32314  Address:  Address: Registration Section Division of Corporations P.O. Box 6327  Tallahassee, FL 32314  Address:  Address: Registration Section Division of Corporations The Centre of Tallahassee Tallahassee, Suite 810		JaxLand2021 LLC					
Address  Jacksonville, FL 32224  City/State and Zip Code  jbucher I 1@gmail.com  E-mail address: (to be used for future annual report notification)  further information concerning this matter, please call:  Josef Bucher  Name of Contact Person  Mailing Address: Registration Section Division of Corporations P.O. Box 6327  Tallahassee, FL 32314  Address:  Redistration Section Division of Corporations P.O. Box 6327  Tallahassee, FL 32314  Address:  Registration Section Division of Corporations P.O. Box 6327  Tallahassee, FL 32314	Firm/Company						
City/State and Zip Code  jbucher I 1@gmail.com  E-mail address: (to be used for future annual report notification)  r further information concerning this matter, please call:  Josef Bucher  Josef Bucher  Name of Contact Person  Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314  City/State and Zip Code  Daytime Telephone Number  Street Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314  City/State and Zip Code  Daytime Telephone Number  Street Address: Registration Section Division of Corporations Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		13118 Wexford Hollow Rd N					
City/State and Zip Code  jbucher I l@gmail.com  E-mail address: (to be used for future annual report notification)  r further information concerning this matter, please call:  Josef Bucher  Name of Contact Person  Mailing Address: Registration Section Division of Corporations P.O. Box 6327  Tallahassee, FL 32314  City/State and Zip Code  pour description future annual report notification)  Area Code  Tallahassee, FL 32314  Daytime Telephone Number  Street Address: Registration Section Division of Corporations The Centre of Tallahassee Tallahassee, FL 32314		<del></del>	Address				
E-mail address: (to be used for future annual report notification)   Further information concerning this matter, please call:    Josef Bucher		Jacksonville, FL 32224					
E-mail address: (to be used for future annual report notification)  further information concerning this matter, please call:  Josef Bucher  Name of Contact Person  Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314  E-mail address: (to be used for future annual report notification)  904 742-3637 Area Code Daytime Telephone Number  Street Address: Registration Section Division of Corporations Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810		C	City/State and Zip Code				
In the further information concerning this matter, please call:    Josef Bucher		jbucher11@gmail.com					
Name of Contact Person   Area Code   Daytime Telephone Number		E-mail address: (to be	e used for future annual report notification)				
Name of Contact Person  Area Code  Daytime Telephone Number  Mailing Address: Registration Section Division of Corporations P.O. Box 6327  Tallahassee, FL 32314  Daytime Telephone Number  Division Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810	ther in	formation concerning this matter, please ca	ili:				
Name of Contact Person  Area Code  Daytime Telephone Number  Mailing Address: Registration Section Division of Corporations P.O. Box 6327  Tallahassee, FL 32314  Daytime Telephone Number  Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810	lose	ef Bucher	904 742-3637				
Registration Section  Division of Corporations  P.O. Box 6327  Tallahassee, FL 32314  Registration Section  Division of Corporations  The Centre of Tallahassee  2415 N. Monroe Street, Suite 810			at ()				
Registration Section  Division of Corporations  P.O. Box 6327  Tallahassee, FL 32314  Registration Section  Division of Corporations  The Centre of Tallahassee  2415 N. Monroe Street, Suite 810	Mail	ling Address	Street Address				
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810							
Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810			Division of Corporations				
			The Centre of Tallahassee				
Enclosed is a check for the following amount:	Encl	losed is a check for the following amount:					
Please make check payable to: FLORIDA DEPARTMENT OF STATE			PARTMENT OF STATE  ee &   \$\Boxed{\Boxes} \$155.00 \text{ Filing Fee & } \$\Boxed{\Boxes} \$160.00 \text{ Filing Fee, Certificence}\$				





June 9, 2023

JOSEF BUCHER 13118 WEXFORD HOLLOW RD N JACKSONVILLE, FL 32224

SUBJECT: JAXLAND2021 LLC Ref. Number: W23000081548

We have received your document for JAXLAND2021 LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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.

Tracy L Lemieux
Regulatory Specialist II

Letter Number: 323A00013168

RECEIVED
AUG 1 0 2023

## 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 TOTRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. JaxLand2021 LLC				A W.			
(Name of Foreign	Limited Liability Company; must include "Limite	d Liabilit	y Company," "L.L.C., or "LL	C. )			
(If name unavailable, enter alternate n	ame adopted for the purpose of transacting business in F	lorida. The	alternate name must include "Limi	ited Liability Company	""L.L.C." or "L.L.C		
Delaware 2.		3.	87-1250349				
(Jurisdiction under the law of w	hich foreign limited liability company is organized)		(FE)	number, if applicable)			
7/28/2021 4.							
	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determ	registrationine penalty	n.) v hability)				
First Corporate Solution	First Corporate Solutions, Reg. Agent 9451766			First Corporate Solutions, Reg. Agent 9451766			
Street Address of Principal Office)			(Mailing Address)				
800 N STATE ST ST	E 402	800 N STATE ST STE 402					
DOVER, DE 19901			DOVER, DE 19901	<del></del> -			
7. Name and street address	ss of Florida registered agent: (P.O. Bo	k <u>NOT</u>	acceptable)		2633 b		
Name:	Josef Bucher				10		
Office Address:	4745 SUTTON PARK CT STE 805				PH 4:		
	JACKSONVILLE		32224 , Florida		ت		
	(City)		(Zip co	nde)			

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)

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:

Name and Address:

Title or Capacity:	Name and Address:	Title or Capacity	<u>:</u>	Name and Address:
<b>■</b> Manager	Name: Michael Bosshart	□Manager	Name:	
□Member	Address: 4745 Sutton Park Ct. Ste 805	□Member	Address:	
□Authorized	Jacksonville, FL 32224	□Authorized		
Person		Person		
□Other	Other	□Other		Other
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized		□Authorized		
Person		Person		
□Other	□Other	Other		Other
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized		□Authorized		
Person		Person		
□Other	Other	□Other		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.

Michael Bosshart

Typed or printed name of signee

Page 1

## Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "JAXLAND 2021 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 FIRST DAY OF AUGUST, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID "JAXLAND 2021 LLC" IS A SERIES LIMITED LIABILITY COMPANY.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "JAXLAND 2021 LLC" WAS FORMED ON THE NINTH DAY OF JUNE, A.D. 2021.

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



5985972 8300E SR# 20232890954

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

Authentication: 203872795

Date: 08-01-23