1123000/4837

(Re	equestor's Name)					
(Ac	idress)					
(Ac	ldress)	 				
(City/State/Zip/Phone #)						
PICK-UP	MAIT	MAIL				
(Bu	isiness Entity Nar	me)				
(Document Number)						
Certified Copies	_ Certificates	s of Status				
Special Instructions to Filing Officer:						



000416576440

10/05/23--01020--003 **125.00

2131 T PP 5: 37

Office Use Only

T. LEMIEUX

NOV 21 2023

COVER LETTER 5 5

Registration Section Division of Corporations

TO:

SUBJECT:	Jabea, LLC	
		Name of Limited Liability Company
The enclosed Existence, an	"Application by Foreign d check are submitted to	Limited Liability Company for Authorization to Transact Business in Florida," Certificate of register the above referenced foreign limited liability company to transact business in Florida.
Please return	all correspondence conc	erning this matter to the following:
	S. Alex Earle	
		Name of Person
		Firm/Company
	736 Anastasia	
		Address
	Coral Gables,	Florida 33134
		City/State and Zip Code
	Е	-mail address: (to be used for future annual report notification)
For further in	nformation concerning th	nis matter, please call:
W	ill Murdoch	at (800) 375-2453
	Name of C	ontact Person Area Code Daytime Telephone Number
Div	vision of Corporations	STREET ADDRESS: Division of Corporations Registration Section
P.C	gistration Section D. Box 6327 Iahassee, FL 32314	Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
Enc Ple	closed is a check for the asse make check payable	following amount: to: FLORIDA DEPARTMENT OF STATE
	\$125.00 Filing Fee	S130.00 Filing Fee & S155.00 Filing Fee & S160.00 Filing Fee. Certificate of Status Certified Copy of Status & Certified Copy



October 10, 2023

STEVEN EARLE 736 ANASTASIA AVE CORAL GABLES, FL 33134

SUBJECT: JABEA, LLC

Ref. Number: W23000138909

We have received your document for JABEA, 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.

Letter Number: 923A00023443

Tracy L Lemieux Regulatory Specialist II

www.sunbiz.org

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:

_{I.} Jabea, LLC						
(Name of Foreign	Limited Liability Company; must include "Limit	ed Liabilit	y Company," "L.L.C.," or "LLC.")			
Jabea Managemen	t LLC					
	ame adopted for the purpose of transacting business in FI	orida. The a	Itemate name must include "Limited Liabili	ity Compan	y," "1. L.C	2," or "LL
2. Alaska (Jurisdiction under the law of which foreign limited liability company is organized)			93-3603306 (FEI number, (f applicable)			
Durisdiction under the law of wi	nen foreign umitea tiabitity company is organizea)		(rei numoei, ii appineame)			
4	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to deterr	o registration	ı) babılity)			
_{5.} 200 W. 34th Ave., #977			736 Anastasia Ave.			
(Street Address of F	macipal Office)		(Mailing Addres	8)		
Anchorage, AK 9	9503		Coral Gables, FL 331	34		
						· ···
				-	29	
					دىت	
7. Name and street addres	s of Florida registered agent: (P.O. Bo	x NOT a	acceptable)		•	
<u></u>			,		1 1	
						(
Name:	Steven Earle				-32	`
				-	က္	
Office Address:	736 Anastasia Ave.			. '	37	
S.1114 7.3414W			 -			
	Coral Gables		Florida 33134			
	(Cny)		(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.

At LE (
(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]: Name and Address: Title or Capacity: Name and Address: Title or Capacity: Name: Steven Earle Name: Mikele Aboitiz Earle Manager Manager Address: 736 Anastasia Ave. Address: 736 Anastasia Ave. Member | Member Coral Gables, Florida 33134 Coral Gables, Florida 33134 Authorized Authorized Person Person Other_____ Other ____ Other_____ Other_____ Name: Manager Name: Manager | Member ☐ Member Address: _____ Address: ☐ Authorized Authorized Person Person Other_ Other____ Other Other Manager Manager Manager Name: _____ Name: _____ Member Address: Address: Member 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. Nonindexed 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. 8+1. En Signature of an authorized person Steven Earle

Typed or printed name of signee

