

M24000001363

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

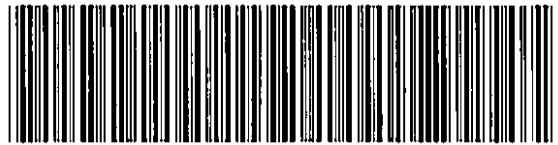
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Certified Copies _____

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TALLAHASSEE, FLORIDA

FEB 06 2024

K. Brumbley

Rutledge | Ecenia

119 South Monroe Street, Suite 202
Tallahassee, FL 32301

PO Box 551
Tallahassee, FL 32302

February 5, 2024

By Hand Delivery

Florida Department of State
Division of Corporations
Registration Section
Florida Department of State
2415 North Monroe Street, Suite 810
Tallahassee, Florida 32303

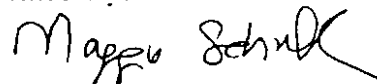
Re: Application by Foreign Limited Liability Company for Authorization to Transact
Business in Florida for DRD2 Jones, LLC

Dear Sir or Madam:

Enclosed is the application by Foreign Limited Liability Company for Authorization to Transact Business in Florida for DRD2 Jones, LLC., along with the Certificate of Existence for filing. Also enclosed is a check in the amount of \$160.00 for the filing and Certificate of Status fee.

Thank you for your assistance in processing the application. Please do not hesitate to call our office should you have any questions or if any additional information is needed. You may also reach me by email at maggie@rutledge-ecenia.com

Sincerely,


Maggie M. Schultz

enclosures

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: DRD2 JONES, 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:

EARLENE RENEE' JONES

Name of Person

DRD2 JONES, LLC

Firm/Company

2470 MCKEE ROAD

Address

UPATOI, GA 31829

City/State and Zip Code

rjones.drd2jones@anotherbrokenegg.com

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

For further information concerning this matter, please call:

EARLENE RENEE' JONES

706

392-1591

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. DRD2 JONES, LLC
(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LLC.")

DRD2 JONES, 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. GEORGIA 3. 92-3068453
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. AUGUST 1, 2024
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 2470 MCKEE ROAD 6. 2470 MCKEE ROAD
(Street Address of Principal Office) (Mailing Address)

UPATOI, GA 31829 UPATOI, GA 31829

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

Name: Joseph Daniels

Office Address: 2443 South Bay Ave

Sanford 32771
(City) Florida (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.

Joseph Daniels
(Registered agent's signature)

2021 FEB -5 AM 9:21

APPROVED
FILED

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:**

☒ Manager Name: Earlene Renee' Jones

☐ Member Address: 2470 McKee Rd

☐ Authorized Upatoi, GA 31829

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: Derrick O Jones II

☒ Member Address: 1328 McKee Rd.

☐ Authorized Waverly Hall, GA 31831

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

Title or Capacity: **Name and Address:**

☐ Manager Name: Derrick O Jones Sr.

☒ Member Address: 2470 McKee Rd

☐ Authorized Upatoi, GA 31829

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

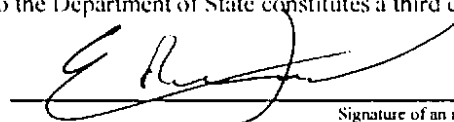
Person _____

☐ 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.



Signature of an authorized person

EARLENE RENEE' JONES

Typed or printed name of signer

STATE OF GEORGIA

Secretary of State

Corporations Division

313 West Tower

2 Martin Luther King, Jr. Dr.

Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, **Brad Raffensperger**, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

DRD2 Jones, LLC

a Domestic Limited Liability Company

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number : 26566006
Date Inc/Auth/Filed: 03/14/2023
Jurisdiction : Georgia
Print Date : 01/29/2024
Form Number : 211



Brad Raffensperger

Brad Raffensperger
Secretary of State