

MA4000001925

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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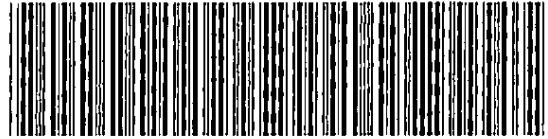
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TOLSON, ROBERT M.

T. LEMIEUX
FEB 15 2024

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Jerry's Accounting, 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:

Gerald (Jerry) Gibbons

Name of Person

Jerry's Accounting, LLC

Firm/Company

204 North Wind Court

Address

Ponte Vedra Beach, Florida 32082

City/State and Zip Code

jerry@jmgibbons.net

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

For further information concerning this matter, please call:

Gerald (Jerry) Gibbons

251
at ()

463-5988

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. Jerry's Accounting, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

JA, 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. Alabama 3. 63-1260552
(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. 204 North Wind Court 6. 204 North Wind Court
(Street Address of Principal Office) (Mailing Address)
Ponte Vedra Beach, Fl. 32082 Ponte Vedra Beach, Fl. 32082

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

Name: Maureen Gibbons
Office Address: 204 North Wind Court
Ponte Vedra Beach 32082
(City) . Florida (Zip code)

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TALLAHASSEE, FL

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.

Maureen R. Gibbons
(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]:

<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: Gerald (Jerry) Gibbons	<input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: 204 North Wind Court	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	Ponte Vedra Beach, Fl. 32082	<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.



Signature of an authorized person

Gerald (Jerry) Gibbons

Typed or printed name of signer

**STATE OF ALABAMA
APPLICATION FOR CERTIFICATE OF EXISTENCE
OF REGISTERED ENTITIES**

PURPOSE: To request a Certificate of Existence for an entity indexed or registered by the Office of the Alabama Secretary of State. Only one entity's certificate can be ordered on this form. Use a separate form for each separate Entity Identification (ID) Number.

This is not a Certificate of Compliance (Good Standing) request. That document is issued by the Alabama Department of Revenue and can be ordered on their website at https://www.alabamainteractive.org/ador_tax_compliance/welcome.action.

INSTRUCTIONS: Mail 2 copies of this completed form along with a self-addressed, stamped envelope to:

***Secretary of State, Business Services, P.O. Box 5616, Montgomery, Alabama 36103.**

***Include a check, money order, or credit card payment for the \$25.00 processing fee.**

***Your filing will not be indexed if the credit/debit card does not authorize and will be removed from the index if the check is dishonored (\$30 fee).**

This form must be typed and will not be accepted via email.

1. Alabama Entity ID Number (Format: 000-000-000): 000 - 672 - 855 **TO OBTAIN ID NUMBER,** go to our website at www.sos.alabama.gov, click on Business Services (below picture), click on Business Entity and Name Search, click on Entity Name, enter the name of the entity in the appropriate box, and enter. Click on the number and verify that this is the correct entity. This step is strongly recommended.

2. The name of the entity as registered with the Secretary of State of Alabama:

Jerry's Accounting, LLC

3. The certificate of existence is to be forwarded to: (Name) Jerry Gibbons

204 North Wind Court Ponte Vedra Beach, FL 32082

Mailing Address/Standard USPS (If the certificate is to be held for pick-up, type **HOLD FOR PICK-UP.**)
Certificates will not be returned via email since they are available online.

All documents are mailed standard USPS unless envelopes with special postage or overnight courier envelopes are included with the request. Any overnight courier envelopes must have a completed air bill with the billing information completed with no reference to the Secretary of State's Office address and clearly marked "bill recipient." Air bills showing SOS address will be discarded and regular USPS will be used.

(For SOS Use Only)

Alabama	
Sec. Of State	
Certification	
005-178	DLL
Date	1/10/2024
Time	11:13
240110	1 Pg
File	\$25.00
County	\$.00
Total	\$25.00
05/002	

WES ALLEN
SECRETARY OF STATE

ALABAMA STATE CAPITOL
MONTGOMERY, AL 36130

STATE OF ALABAMA

I, Wes Allen, Secretary of State of the State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that

the entity records on file in this office disclose that Jerry's Accounting, LLC was formed in Mobile County on November 20, 2000. The Alabama Entity Identification number for this entity is 000-672-855. I further certify that the records do not disclose that said entity has been dissolved, cancelled or terminated.



In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the City of Montgomery, on this day.

January 10, 2024

Date

A handwritten signature in black ink, appearing to read 'Wes Allen', written over a horizontal line.

Wes Allen

Secretary of State