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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

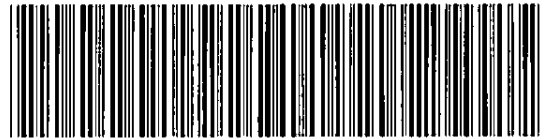
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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04/03/24 - 01015--015 **130.00

2024 APR -3 AM 11:45



POMERANTZ SHERMAN LLC

ATTORNEYS AT LAW

LORI R. KOCH

lkoch@grlawstl.com

www.pslawstl.com

130 South Bemiston Avenue, Suite 706, Clayton, Missouri 63105 | Phone: 314.721.7171 | Fax: 314.721.7765

March 26, 2024

Florida Secretary of State
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: JODSCO LLC

Dear Sir/Madam:

Enclosed please find an Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida regarding JODSCO LLC, along with our check in the amount of \$130.00 for the filing fee.

Thank you for your assistance, and should you have any questions, please feel free to contact me.

Sincerely,

A handwritten signature in black ink, appearing to read "Lori R. Koch", written in a cursive style.

LORI R. KOCH

L.RK/md
Enclosures

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: JODSCO 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:

Jody L. Weis

Name of Person

JODSCO LLC

Firm/Company

741 Lakeshore Meadows Drive

Address

Wildwood, MO 63038

City/State and Zip Code

jweis@moneytalk.org

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

For further information concerning this matter, please call:

Lori R. Koch

314 721-7171
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. JODSCO LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "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. Missouri
(Jurisdiction under the law of which foreign limited liability company is organized)

3. _____
(FEI number, if applicable)

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

5. Scott Hardcastle
(Street Address of Principal Office)

6. Scott Hardcastle
(Mailing Address)

13313 Magnolia Valley Drive

13313 Magnolia Valley Drive

Clermont, FL 34711

Clermont, FL 34711

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

Name: Scott Hardcastle

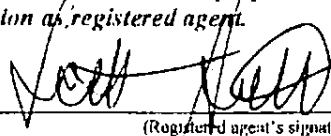
Office Address: 13313 Magnolia Valley Drive

Clermont 34711
(City) , Florida (Zip code)

6074 APR -3 AM 11:45

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)

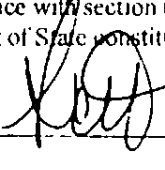
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>		<u>Name and Address:</u>		<u>Title or Capacity:</u>		<u>Name and Address:</u>	
<input checked="" type="checkbox"/> Manager	Name:	Scott Hardcastle		<input type="checkbox"/> Manager	Name:		
<input type="checkbox"/> Member	Address:	13313 Magnolia Valley Drive		<input type="checkbox"/> Member	Address:		
<input type="checkbox"/> Authorized		Clermont, FL 34711		<input type="checkbox"/> Authorized			
Person				Person			
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other	
<input checked="" type="checkbox"/> Manager	Name:	Jody L. Weis		<input type="checkbox"/> Manager	Name:		
<input type="checkbox"/> Member	Address:	741 Lakeshore Meadows Drive		<input type="checkbox"/> Member	Address:		
<input type="checkbox"/> Authorized		Wildwood, MO 63038		<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

Scott Hardcastle

STATE OF MISSOURI



John R. Ashcroft
Secretary of State

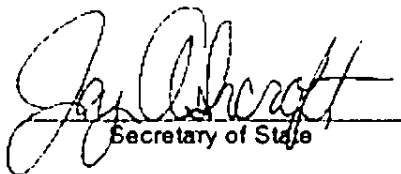
CORPORATION DIVISION
CERTIFICATE OF GOOD STANDING

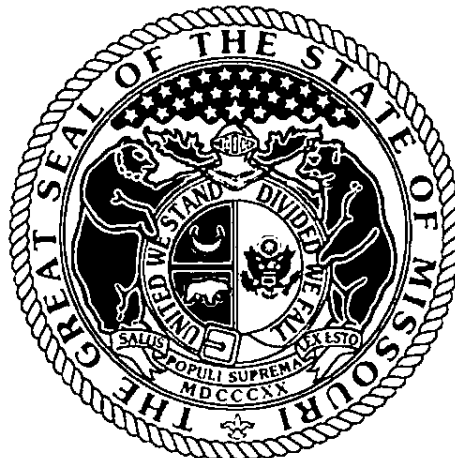
I, JOHN R. ASHCROFT, Secretary of State of the STATE OF MISSOURI, do hereby certify that the records in my office and in my care and custody reveal that

JODSCO LLC
LC014511322

was created under the laws of this State on the 7th day of December, 2023, and is active, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the GREAT SEAL of the State of Missouri, Done at the City of Jefferson, this 13th day of March, 2024.


Secretary of State



Certification Number CERT-03132024-0151