

M24000013105

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

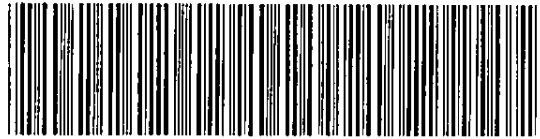
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600434160276

2024 OCT 14 11:07:11

CLERK OF STATE
TALLAHASSEE, FLORIDA

2024 OCT 14 PM 3:40

RECEIVED

OCT 15 2024

K. Brumbley



CSC - Tallahassee
1201 Hays Street
Tallahassee, FL 32301-2607
850-558-1500, Ext: x61563

To: Department Of State, Division Of Corporations
From: Shauna Godbolt
Ext: x61563
Date: 10/14/24
Order #: 1645094-1
Re: Jim House & Associates, LLC
Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Application for Certificate of Authority

Amount to be deducted from our State Account: \$~~100.00~~ 160.⁰⁰ - FL State Account Number:

I20000000195

Certificate of Good Standing from State of Incorporation

Please take the following action:

File in your office on basis

Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: JIM HOUSE & ASSOCIATES, 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:

DIANA D. BAAR

Name of Person

HONIGMAN LLP

Firm/Company

200 OTTAWA AVE NW - STE 700

Address

GRAND RAPIDS MI 49503

City/State and Zip Code

dbaar@honigman.com

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

For further information concerning this matter, please call:

Diana D. Baar

616

649-1912

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. JIM HOUSE & ASSOCIATES, 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. ALABAMA
(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. 1401 GEORGIA RD.
(Street Address of Principal Office)

6. 1401 GEORGIA RD.
(Mailing Address)

IRONDALE, AL 35210

IRONDALE, AL 35210

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

Name CORPORATION SERVICE COMPANY

Office Address: 1201 HAYS ST.

TALLAHASSEE, Florida 32301
(City) (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.

Shauna Godbolt

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: BRIAN DEWOLF

☐ Member Address: ONE MARITIME PLAZA

☐ Authorized SUITE 2300

Person SAN FRANCISCO, CA 94111

☒ Other CHAIRMAN ☐ Other _____

Title or Capacity: Name and Address:

☐ Manager Name: WYNN ECHOLS

☐ Member Address: 1401 GEORGIA RD.

☐ Authorized IRONDALE, AL 35210

Person _____

☒ Other PRESIDENT ☐ Other _____

☐ Manager Name: JACOB DAU

☐ Member Address: ONE MARITIME PLAZA

☐ Authorized SUITE 2300

Person SAN FRANCISCO, CA 94111

☒ Other TREASURER ☐ Other _____

☐ Manager Name: JHA BUYER, LLC

☒ Member Address: ONE MARITIME PLAZA

☐ Authorized SUITE 2300

Person SAN FRANCISCO, CA 94111

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

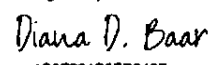
Person _____

☐ 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

 4C0F234B5EB040D...

Signature of an authorized person

Diana D. Baar

Typed or printed name of signer

Wes Allen
Secretary of State

P.O. Box 5616
Montgomery, AL 36103-5616

STATE OF ALABAMA

**I, Wes Allen, Secretary of 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 Jim House & Associates, LLC
was formed in Jefferson County on January 2, 1986. The Alabama Entity
Identification number for this entity is 000-107-946. I further certify that the
records do not disclose that said entity has been dissolved, cancelled or terminated.



20240828000023312

**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.**

08/28/2024

Date

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

Wes Allen

Secretary of State