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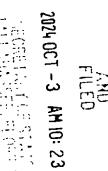
(Requestor's Name)						
(Address)						
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(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
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DEC 0 5 2024 K. Brumbley

COVER LETTER

Registration Section Division of Corporations

TO:

	N	lame of Limited Liability Company	
		ity Company for Authorization to Transact Business in Florida," Certificative referenced foreign limited liability company to transact business in Florida.	
e return a	Il correspondence concerning this matt	er to the following:	
	Robert D. Renna		
		Name of Person	
	Robert D Hardy, CPA, PC		
		Firm/Company	
	1655 1st Street		
		Address	
	Idaho Falls, ID 83401-4305		
		City/State and Zip Code	
	rrenna@rdhcpa.com		
	E-mail address: (t	o be used for future annual report notification)	
rther info	ormation concerning this matter, please	e call:	
John	Price	208 221-2837 at ()	
	Name of Contact Person	Area Code Daytime Telephone Number	
Mailing Address: Registration Section		Street Address: Registration Section	
Division of Corporations P.O. Box 6327		Division of Corporations The Centre of Tallahassee	
	hassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	
Please	sed is a check for the following amount make check payable to: FLORIDA Described Filing Fee \$\square\$ \$130.00 \text{ Filing}\$	DEPARTMENT OF STATE	

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:

J & J Price Propertie				
(Name of Foreign	Limited Liability Company; must include "Limited	Liability Company," "L L.C.," or "LLC.")		
(H'name unavailable, enter alternate	name adopted for the purpose of transacting business in Flo	orda. The alternate name must include "Linnted L	iability Company," "L.L.C," or "l	.LC.")
ldaho 2.		88-4227607 3.		
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	3(FEI number, (Capplicable)		
November 2022				
T	(Date first transacted business in Florida, if prior to r (See sections 605 0904 & 605,0905, F.S. to determine	egistration) ne penalty hability)		
John Price 5.		Robert D Hardy, CPA, P 6. (Mailing Address)	С	
(Street Address of Principal Office)		(Mailing Address)		
3444 North 26 West		1655 1st Street		
Idaho Falls, ID 8340	2	Idaho Falls, ID 83401		
7. Name and street addre	ss of Florida registered agent; (P.O. Box	NOT acceptable)	2024 OCT - NEGRALI NEGRALI NEGRALI	, TI_ ::
Name:	Registered Agents Inc		υ - ω 	TED VNO
Office Address:	7901 4th St N STE 300		AM 10: 2	
	St. Petersburg	33702 , Florida	· · · · · · · · · · · · · · · · · · ·	
	(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.

David Sperts
(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]: Title or Capacity: Title or Capacity: Name and Address: Name and Address: John Price Marla Price Name: □ Manager □Manager Address: 3444 N 26 West Address: 3444 N 26 West ■ Member ■ Member Idaho Falls, ID 83402 Idaho Falls, ID 83402 □ Authorized □ Authorized Person Person □ Other □Other____ □ Other □Other___ □Manager Name: □Manager Name: □Member Address: Address: □Member ☐ Authorized □ Authorized Person Person Other_____ □Other____ □Other____ □Other_____ □Manager Name: □Manager Name: Address: Address: □Member □Member □ Authorized ☐ Authorized Person Person □ Other_____ \square 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. Signature of an authorized person-John Price

Typed or printed name of signee



STATE OF IDAHO

Phil McGrane | Secretary of State

Business Office

450 North 4th Street

PO Box 83720

Boise, ID 83720

September 17, 2024

Request Type: Certificate of Existence/Filing

Request #:

0005902380

Receipt #:

001037974

Regarding:

J & J PRICE PROPERTIES, LLC

Filing Type:

Limited Liability Company (D)

Formation/Qualification Date: 10/27/2022

Status:

Active-Existing

Duration Term:

Perpetual

File#:

4962775

Formation Locale: IDAHO

Issuance Date: 09/17/2024

Copies Requested:

Inactive Date:

Certificate of Existence

I, Phil McGrane, Secretary of State of the State of Idaho, do hereby certify that effective as of the issuance date noted above

J & J PRICE PROPERTIES, LLC

is a Limited Liability Company duly formed under the law of this State with a date of incorporation and duration as given above.



Phil McGrane

Idaho Secretary of State

Processed By: Business Division Verification #: 030647927

Phone: 208-334-2301 * Email: business@sos.idaho.gov * Website: sosbiz.idaho.gov