

M25000000887

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

(Business Entity Name)

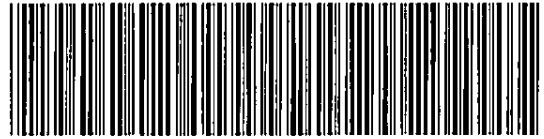
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W24000166280

Office Use Only



800439817478

11/22/24--01025--008 **125.00

01/17/25--01002--002 **1193.75

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
25 JAN 15 PM 3:00



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 19, 2024

LEAH M. DAVIS
500 S. TAYLOR STE 900
AMARILLO, TX 79101 US

SUBJECT: JDJI FL, LLC
Ref. Number: W24000166280

We have received your document for JDJI FL, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

According to the application submitted to this office, this entity transacted business in the state of Florida before properly registering with the Florida Department of State, Division of Corporations. Consequently, a \$500 civil penalty and an annual report filing fee for each year the entity failed to properly file a Florida annual report are due this office. Based on the date entered on the application, the civil penalty and annual report filing fees total \$1193.75.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call .

Emani D Manning
Regulatory Specialist II

Letter Number: 924A00027640

RECEIVED

JAN 15 2025

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: JDJI FL, 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:

Leah M. Davis

Name of Person

Morgan Williamson L.L.P

Firm/Company

500 S. Taylor, Suite 900

Address

Amarillo, Texas 79101

City/State and Zip Code

jdji@jdjillc.com

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

For further information concerning this matter, please call:

Leah M. Davis

806

358-8116

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. JDJI FL, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "L.L.C.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "L.L.C.")

2. Texas
(Jurisdiction under the law of which foreign limited liability company is organized)

3.
(FEF number, if applicable)

4. November 2019
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 4 Altamira Dr.
(Street Address of Principal Office)

Borger, Texas 79007

6. 4 Altamira Dr.
(Mailing Address)

Borger, Texas 79007

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DIVISION OF CORPORATIONS
25 JAN 15 PM 3:52

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

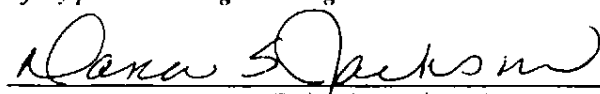
Name: Dana S. Jackson

Office Address: 544 Taunton

Freeport, Florida 32439
(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.


(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: **Name and Address:**

☐ Manager Name: James D. Jackson

☒ Member Address: 4 Altamira Dr.

☐ Authorized Borger, Texas 79007

Person _____

☐ Other _____ ☐ Other _____

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

☐ Manager Name: Dana S. Jackson

☒ Member Address: 4 Altamira Dr.

☐ Authorized Borger, Texas 79007

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

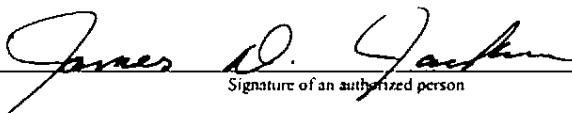
Person _____

☐ 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

James D. Jackson, President

Typed or printed name of signer

Corporations Section
P.O.Box 13697
Austin, Texas 78711-3697



Jane Nelson
Secretary of State

Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for JDJI FL, LLC (file number 803470260), a Domestic Limited Liability Company (LLC), was filed in this office on November 14, 2019.

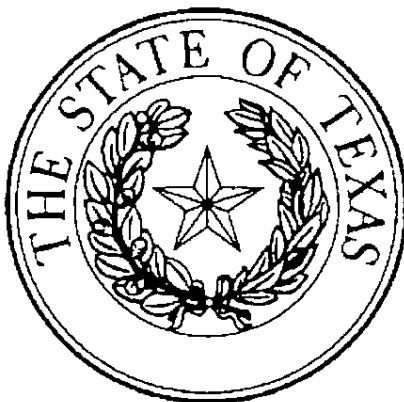
It is further certified that the entity status in Texas is in existence.

It is further certified that our records indicate JAMES D JACKSON as the designated registered agent for the above named entity and the designated registered office for said entity is as follows:

4 ALTAMIRA

BORGER, TX - 79007 USA

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on November 06, 2024.



A handwritten signature in black ink that reads "Jane Nelson".

Jane Nelson
Secretary of State