

M09 000004197

(Requestor's Name)

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PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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T. CLINE

OCT 23 2009

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 20, 2009

MICHAEL NEWMAN
5030 SILVER CHARM TERRACE
WESLEY CHAPEL, FL 33544

SUBJECT: JNL SONSHINE BEDDING, LLC
Ref. Number: W09000046656

We have received your document for JNL SONSHINE BEDDING, LLC and your check(s) totaling \$160.00. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline
Regulatory Specialist II

Letter Number: 109A00033475

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October 16, 2009

Michael J. Newman
5030 Silver Charm Terrace
Wesley Chapel, FL 33544
417-434-2973

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

Re: Registration of JLN, LLC, a Wyoming LLC, in Florida

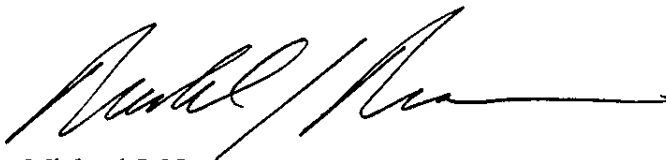
Dear Sirs:

Please find our application to Register JLN, LLC in the state of Florida. We would like to operate in Tampa, FL as a retail sales company and would like to submit our LLC registration to be able to conduct business in Florida.

We believe that there is already a "JLN, LLC" operating in Florida and have submitted the alternate name of "JLN Sonshine Bedding, LLC" as our Florida operating name if, in fact, JLN, LLC is already taken for Florida.

Please find a check for \$160 enclosed for the Filing Fee, Certificate of Status, and Certified Copy.

Cordially,



Michael J. Newman
Managing Member
JLN, LLC

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JLN, 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:

Michael J. Newman
Name of Person
JLN, LLC
Firm/Company
5030 Silver Charm Terrace
Address
Wesley Chapel, FL 33544
City/State and Zip Code
mjnewman@ipa.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael J. Newman at (417) 434-2973
Name of Person Area Code & Daytime Telephone Number

MAILING ADDRESS:
Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:
Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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TALLAHASSEE, FLORIDA

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Enclosed is a check for the following amount:

- \$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 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

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

JLN Sonshine Bedding, LLC

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C.," "LLC.")

2. Wyoming 3. _____
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. July 30, 2009 5. 30 years
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")

6. Not applicable
(Date first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability)

7. 5030 Silver Charm Terrace
Wesley Chapel, FL 33544
(Street Address of Principal Office)

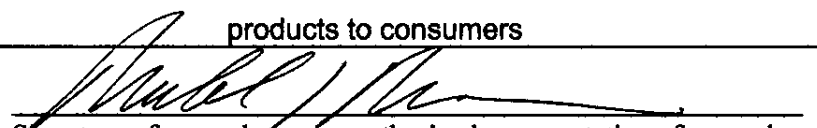
8. If limited liability company is a manager-managed company, check here

9. The name and usual business addresses of the managing members or managers are as follows:
Michael J. Newman
Robin L. Newman

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STATE TREASURY OF FLORIDA
TALLAHASSEE, FLORIDA

10. Attached is an original 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. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

11. Nature of business or purposes to be conducted or promoted in Florida: Retail - selling bedding
products to consumers


Signature of a member or an authorized representative of a member.
(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)
Michael J. Newman
Typed or printed name of signee

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

JLN, LLC

If unavailable, the alternate to be used in the state of Florida is:

JLN Sonshine Bedding, LLC

2. The name and the Florida street address of the registered agent and office are:

Michael J. Newman

(Name)

5030 Silver Charm Terrace

Florida Street Address (P.O. Box **NOT** ACCEPTABLE)

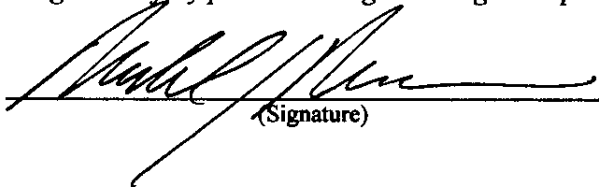
Wesley Chapel, FL 33544

City/State/Zip

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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 certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.


(Signature)

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

STATE OF WYOMING
Office of the Secretary of State

I, MAX MAXFIELD, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

JLN, LLC
is a
Limited Liability Company

formed or qualified under the laws of Wyoming did on **July 30, 2009**, comply with all applicable requirements of this office. This entity has been assigned entity identification number **2009-000572871**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 23rd day of October, 2009 at 1:22 PM. This certificate is assigned 006291021.



Max Maxfield
Secretary of State

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website <http://wyobiz.wy.gov> and following the instructions displayed under Validate Certificate.