# F24000003748

(Requestor's Name)				
(Address)				
(Add	lress)			
(City/State/Zip/Phone #)				
PiCK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates	of Status		
Special Instructions to Filing Officer:				
Way - C	12868			





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06/13/24--01013--004 \*\*87.50

SECRETARY OF STATIONS
SINVISION OF CORPORATIONS
24 JUL 17 PA 4: 03



June 19, 2024

SOENHWIE TAN 1134 S BLACK HORSE PIKE STE 163 BLACKWOOD, NJ 08012 US

SUBJECT: ONE PLACE BEST INC Ref. Number: W24000092868

We have received your document for ONE PLACE BEST INC and check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The registered agent must sign accepting the designation.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 024A00013323

Ariel Jones Regulatory Specialist II

### COVER LETTER

	ation Section n of Corporations			
SUBJECT:	ONE PLACE BEST INC			
301001001.	Name of c	orporation - mi	ist include suffix	
Dear Sir or Mad	lam:			
"Certificate of I	Application by Foreign Corpo Existence," or "Certificate of ed foreign corporation to trans	Good Standing	" and check are submi-	Business in Florida," tted to register the
Please return al	l correspondence concerning	this matter to th	ne following:	
SOENHWIE TA	AN			
	· · · · · · · · · · · · · · · · · · ·	Name of Perso	on	
ONE PLACE B	EST INC			
		Firm/Company	,	
1134 S BLACK	HORSE PIKE STE 163			
		Address		
BLACKWOOD	, NJ 08012			
	C	ity/State and Z	ip code	
oneplaceine777	<del></del> -			
	E-mail address: (t	o be used for fu	ture annual report not	ification)
For further info	rmation concerning this matte	er, please call:		
SOENH	WIE TAN	( 856	580-7741	
Name	of Person	Area Code	Daytime Telephor	ne Number
Registr Divisio The Ce 2415 N	ett/Courier address: ation Section in of Corporations intre of Tallahassee I. Monroe Street, Suite 810 issee, FL 32303		MAILING ADI Registration Sec Division of Corp P.O. Box 6327 Tallahassee, FL	tion oorations
	heck for the following amoun ck payable to: FLORIDA DEPA g Fee S78.75 Filing F Certificate of S	ARTMENT OF ee & 🔲 \$7		\$87.50 Filing Fee, Certificate of Status & Certified Copy

## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

ONE PLACE B	EST INC		
	orporation; must include "INCORPORATED," "Corp." "Inc." "Co." or "Corp.")	OMPANY," "CORPORATION,"	
(If name unavaila	able in Florida, enter alternate corporate name adop	oted for the purpose of transacting bu	siness in Florida)
NEW JERSEY	3.	-3661223	
07/21/2022	y under the law of which it is incorporated)	(FEI number, if applica	
(Date	of incorporation) 5	(Date of duration, if other than	perpetual)
06/03/2024			
	(Date first transacted business in Flo (SEE SECTIONS 607.1501 & 607.1502,		
1134 S BLACK	HORSE PIKE STE 163, BLACKWOOD, NJ 0801	2	
	(Principal office <u>s</u>		
Name and stree	st address of Florida registered agent: (P.O. Bo	ox <u>NOT</u> acceptable)	
	848 BRICKELL AVENUE, PENTHOUSE 5	_	
fice Address:	MIAMI	, Florida	31VI
	(City)	(Zip code)	
iving been nam signated in this rther agree to c	ent's acceptance: ed as registered agent and to accept service of application, I hereby accept the appointment omply with the provisions of all statutes relate with and accept the obligations of my position  Hur	t as registered agent and agree to ive to the proper and complete pe	act in this capacity
_	(Registered agent's signal	cure)	-

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

··· omborono				
□ Chairman	SOENHWIE TAN Name:	□Chairman	Name:	
□ Vice Chairman	Address:	□Vice Chairman	Address:	
■ Director	1134 S BLACK HORSE PIKE STE 163	□Director		
□President	BLACKWOOD, NJ 08012	□President		
□ Vice President		□Vice President		
□ Sccretary	□Treasurer	Secretary		□Treasurer
Other	Other	□Other		□Other
☐ Chairman	Name:	□Chairman	Name:	
□ Vice Chairman	Address:	☐ Vice Chairman	Address:	
□Director		☐ Director		
□President		□President		
□Vice President		☐ Vice President	<u></u>	
Secretary	□Treasurer	☐ Secretary		□Treasurer
Other	Other	Other		Other
□Chairman	Name:	□Chairman	Name:	
□Vice Chairman	Address:	□Vice Chairman	Address:	
□Director		□Director		
□President		□President		
□Vice President		□Vice President		
Secretary	□Treasurer	Secretary		☐Treasurer
□Other	□Other	Other		Other
individuals may be	Use an attachment to report more than six (6). The at added to the index when filing your Florida Departs	tachment will be imaged nent of State Annual Re	d for reporting port form.	ourposes only. Non-indexed
	Signature of Director	r or Officer	······································	
	ctor signing this document (and who is listed in numb lise information submitted in a document to the Depa SOENHWIE	artment of State constitu	tes a third degre	

# STATE OF NEW JERSEY DEPARTMENT OF THE TREASURY DIVISION OF REVENUE AND ENTERPRISE SERVICES SHORT FORM STANDING

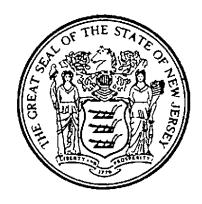
#### ONE PLACE BEST INC 0450958747

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic For-Profit Corporation was registered by this office on April 22, 2023.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

SOENHWIE TAN 1134 S BLACK HORSE PIKE #163 BLACKWOOD, NJ 08012



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 21st day of May, 2024

Elizabeth Maher Muoio State Treasurer

de se sa Mun

Certificate Number: 6153741637

Verify this certificate online at

https://www1.state.nj.us/TYTR\_StandingCert/JSP/Verify\_Cert.jsp