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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

To: Registration Section

Division of Corporations

Attention: To Whom it May Concern

Date: 9/15/2016

___*Facsimile* ___*Mail Service* _x_*Courier* ___*Messenger* ___*Hand Delivery*

___*Correspondence / Forms* ___*Prints/Sketches* ___*Specifications* ___*Samples* ___*Shop Drawings/ Submittals*

___*Other (See below)*

___*Pages including transmittal (Fax only)*

Remarks:

Dear Sir or Madam -

Enclosed herewith please find a Application for Authorization to Transact Business in Florida for Ralph Michael Beiran Associates LLC, including a check for the application filing fee and designation of registered agent fee. We have also included a Business Standing Certificate from the New Jersey Department of Treasury.

Please feel free to contact me at ralph@rmbaaic.com or at (917) 363-6504 if you have any questions or require additional information. Thank you.

Best regards,

Ralph M. Beiran

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Ralph Michael Beiran 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:

Ralph Michael Beiran
Name of Person

Ralph Michael Beiran Associates LLC
Firm/Company

50 W. Main Street, Second Floor
Address

Bridgewater, NJ 08876
City/State and Zip Code

ralph@rmbaaic.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ralph Michael Beiran at (917) 363-6504
Name of Contact 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

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 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Ralph Michael Beiran 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. New Jersey
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 27-0907114
(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. 50 W. Main Street, Second Floor
Somerville, NJ 08876
(Street Address of Principal Office)

6. Same
(Mailing Address)

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TALLAHASSEE, FLORIDA

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

Name: NRAI Services, Inc.

Office Address: 1200 South Pine Island Road

Plantation (City), Florida 33324 (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.

Christine Keim
Assistant Secretary
(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Ralph Michael Beiran, AIA, Owner

820 Partridge Drive

Bridgewater, NJ 08807

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)

Signature of an authorized person

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.

Ralph Michael Beiran
Typed or printed name of signee

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

RALPH MICHAEL BEIRAN ASSOCIATES LLC
0400292595

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Limited Liability Company was registered by this office on June 17, 2009.

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:

THE CORPORATION TRUST COMPANY
820 BEAR TAVERN ROAD
WEST TRENTON, NJ 08628

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 15th day of September, 2016

Ford M. Scudder
Acting State Treasurer

Certificate Number : 6074264437

Verify this certificate online at

https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp

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TALLAHASSEE, FLORIDA