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TALLAHASSEE, FLORIDA

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COVER LETTER

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TO: Registration Section
Division of Corporations

SUBJECT: Meeker Sharkey Associates LLC
Name of Limited Liability Company

JUN 05 2017
By: Meeker Sharkey & Hurley

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:

Terri Hishmeh

Name of Person

Meeker Sharkey Associates LLC

Firm/Company

21 Commerce Drive

Address

Cranford, New Jersey 07016

City/State and Zip Code

thishmesh@meeekersharkey.com

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

For further information concerning this matter, please call:

Terri Hishmeh

Name of Contact Person

at (908)

Area Code

234-1200

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. Meeker Sharkey Associates LLC
(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, cover 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. Delaware 3. 208890810
(Jurisdiction under the law of which foreign limited liability company is organized) (FBI number, if applicable)

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

5. 21 Commerce Drive 6. Same
(Street Address of Principal Office) (Mailing Address)
Cranford
New Jersey 07018

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

Name: Patricia A. Floyd
 Office Address: 13916 Bramble Bush Ct.
Orlando, FL 32832, 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 of 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.

Patricia A. Floyd
(Registered agent's signature)

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

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<u>President/Member</u>	<u>Thomas Sharkey Jr</u> <small>21 Commerce Drive Cranford, NJ 07018</small>	<u>Member</u>	<u>R. Craig Sutherland Jr.</u> <small>P. O. Box 227 Liberty Corner Liberty Corner, New Jersey 07938</small>
<u>Member</u>	<u>Edward Sharkey</u> <small>21 Commerce Drive Cranford, NJ 07018</small>	<u>Member</u>	<u>Richard Skorupski</u> <small>21 Commerce Drive Cranford, NJ 07018</small>

(Use attachments if necessary)

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]
Signature of an authorized person

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.

R. Craig Sutherland, Jr.
Typed or printed name of signor

Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MEEKER SHARKEY ASSOCIATES, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-SECOND DAY OF MAY, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MEEKER SHARKEY ASSOCIATES, LLC" WAS FORMED ON THE NINETEENTH DAY OF APRIL, A.D. 2007.




Jeffrey W. Bullock, Secretary of State

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SR# 20173266275

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202576063

Date: 05-22-17