M19000000072

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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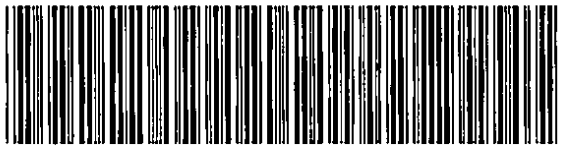

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COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: AREA VALUATIONS 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:

M. DONALD FORMAN
Name of Person

AREA VALUATIONS LLC
Firm/Company

515 BOUNDARY RD
Address

PITMAN, NJ 08071
City/State and Zip Code

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

For further information concerning this matter, please call:

M DONALD FORMAN at (609) 440-0075
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. AREA VALUATIONS 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. 46-4563145
(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. 515 BOUNDARY RD
PITMAN, NJ 08071
(Street Address of Principal Office)

6. 515 BOUNDARY RD
PITMAN, NJ 08071
(Mailing Address)

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

Name: SUZANNE HOFFMAN

Office Address: 13957 GOLDEN RAIN TREE BLVD

ORLANDO (City), Florida 32828 (Zip code)

gistered agent's acceptance:

ving been named as registered agent and to accept service of process for the above stated limited liability company at the place ignated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree omply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with ' accept the obligations of my position as registered agent.

Suzanne H Hoffman
(Registered agent's signature)

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

Title or Capacity:	**Name and Address:**
OWNER/MEMBER	M DONALD FORMAN
	515 BOUNDARY RD
	PITMAN, NJ 08071

Use attachments if necessary)

Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the risdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath the translator must be submitted)

. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information bmitted 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

M DONALD FORMAN

Typed or printed name of signee

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

AREA VALUATIONS LLC
0400629234

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 January 21, 2014.

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:

M. DONALD FORMAN
515 BOUNDARY RD
PITMAN, NJ 08071

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 11th day of December, 2018

Elizabeth Maher Muoio
State Treasurer

Certificate Number : 60934855330

Verify this certificate online at

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