M21000014528

(F	Requestor's Name)			
(A	Address)			
(<i>F</i>	Address)			
(0	City/State/Zip/Phone #)			
PICK-UP	MAIL MAIL			
(E	Business Entity Name)			
(Document Number)				
Certified Copies	Certificates of Status			
Special Instructions to Filing Officer:				

Office Use Only



900375557959

10/28/21--01014--025 **125.00

S. FRANKLIN NOV 0 2 2021



COVER LETTER

TO:	Registration Section Division of Corporations				
·	Supreme Cap Source LLC				
SUBJECT: Name of Limited Liability Company					
The en Exister	closed "Application by Foreign Limited Liability C ace, and check are submitted to register the above r	Company for Authorization to Transact Business in Florida; eferenced foreign limited liability company to transact busi	" Certificate of ness in Florida.		
Please	return all correspondence concerning this matter to	the following:			
	Jay Whitehouse				
Name of Person					
Supreme Cap Source LLC					
	Firm/Company				
211 Avenues of the Americas STE 406					
	Address				
Lakewood, NJ 08701					
	City/State and Zip Code				
	jay@supremecapsource.com				
	used for future annual report notification)	05.			
For fu	rther information concerning this matter, please cal	1:	7871 OCT 28 PH 5: 19		
	Jay Whitehouse	847 571-6597	PH		
	Name of Contact Person	at () Area Code Daytime Telephone Number.	άi		
Mailing Address:		Street Address:	19		
Registration Section		Registration Section			
	Division of Corporations	Division of Corporations The Centre of Tallahassee			
	P.O. Box 6327	2415 N. Monroe Street, Suite 810			
Tallahassee, FL 32314		Tallahassee, FL 32303			
	Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEP S125.00 Filing Fee \$130.00 Filing Fee Certificate of	e & 🔲 \$155.00 Filing Fee & 🔲 \$160.00 Filing Fee			

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLANCE WITH SECTION (45.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: L. Supreme Cap Source LLC (Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "L.L.C.") (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.E.C." or "LEC") 83-1566000 New Jersey (I E.I number, if applicable) (Jurisdiction under the law of which foreign limited liability company is organized) N/A (Date first transacted business in Florida, if prior to registration.) (See sections 605 0904 & 605 0905, F.S. to determine penalty liability) 211 Boulevard of the Americas 211 Boulevard of the Americas (Mailing Address) (Street Address of Principal Office) Lakewood NJ 08701 Lakewood NJ 08701 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Eric Irons Name: 20801 Biscayne BLVD STE 304 Office Address: Aventura , Fiorida (City) 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.

(Registered agent's signature)

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Fitle or Capacity:	Name and Address:	Title or Capacity:	Name and Address:	
Manager	Name: Moshe Barkai	■Manager	Name: Avrohom Weiss	
□Member	Address:	□Member	Address:	
□Authorized	Lakewood NJ 08701	□Authorized	Lakewood NJ 08701	
Person		Person		
□Other	Other	□Other	Other	
□Manager	Name:	□Munager	Name:	
□Member	Address:	□Member	Address:	
□Authorized		□Authorized		
Person		Person		
□Other	□Other	□Other	Other	
□Manager	Name:	□Manager	787 000 "- Name:	
□Member	Address:	□Member	Address: 8	
□Authorized		□Authorized	PH	
Person		Person	· · · · ·	
□Other	Other	□Other	_	

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

- 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)
- 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.

moshe	barkai	
	Signature of an authorized person	
Moshe Barkai		
	Typed or printed name of signee	

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

SUPREME CAP SOURCE LLC 0450296884

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Limited Liability Company was

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey. Annual Reports are outstanding for the following year(s): 2019-2021

I further certify that the registered agent and office are:

MOSHE BARKAI 11 ORCHARD CT LAKEWOOD, NJ 08701

CREAT SOLUTION OF THE STATE OF

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 20th day of October, 2021

Shep A Mun

Elizabeth Maher Muoio State Treasurer

Certificate Number: 6124363575

Verify this certificate online at

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

2021 OCT 28 PM 5: 19