

M2300004354

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

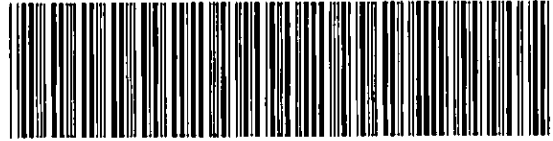
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

M2300004354

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02/23/23--01/24--020 \*\*125.00

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COURT



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 17, 2023

CHRIS CATHCART  
225 S. WESTMONTE DRIVE, SUIT 1160  
ALTAMONTE SPRINGS, FL 32714 US

SUBJECT: BARTERSAVES, LLC  
Ref. Number: W23000036857

We have received your document for BARTERSAVES, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Andrea Andrews  
Regulatory Specialist II

Letter Number: 723A00006268

# CATHCART LAW GROUP

PROFESSIONAL ASSOCIATION  
ATTORNEYS AT LAW

CHRISTOPHER C. CATHCART\*

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March 23, 2023

## VIA FEDEX

Division of Corporations  
Registration Section – ATTN: FOREIGN LLC  
2415 N. Monroe St., Suite 810  
Tallahassee, FL 32303

Re: BARTERSAVES, LLC/Corporate  
Document No: W23000036857  
File No.: 4728.001

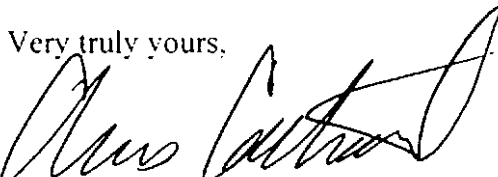
To Whom It May Concern:

Enclosed is the printout from Sunbiz showing the Application by Foreign Limited Liability Company for Authorization to transact Business in Florida for BARERSAVES LLC was rejected, together with the Certificate of Good Standing from New Jersey. Please be advised that New Jersey issues black and white Certificates of Good Standing and not in color like Florida.

After my assistant spoke with your office today, she was advised that this was the only thing that you needed in order to finalize the filing of the Foreign LLC.

If I can provide you with any additional information, or should you have any questions regarding the foregoing, then please do not hesitate to contact my assistant, Joann Duncan, on her direct number: (407) 616-7001.

Very truly yours,



Chris Cathcart

RECEIVED

MAR 24 2023

CCC/jd  
Enclosures

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: BARTERSAVES, 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:

CHRIS CATHCART

\_\_\_\_\_  
Name of Person

CATHCART LAW GROUP, P.A.

\_\_\_\_\_  
Firm/Company

225 S. WESTMONTE DRIVE, SUITE 1160

\_\_\_\_\_  
Address

ALTAMONTE SPRINGS, FL 32714

\_\_\_\_\_  
City/State and Zip Code

joann@lawccc.com

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

For further information concerning this matter, please call:

Joann Duncan

407

616-7001

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Contact Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☒ \$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. BARTERSAVES, 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 3. 47-4592155  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. January 10, 2023  
(Date first transacted business in Florida, if prior to registration)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 331 NEWMAN SPRINGS ROAD, 6. 331 NEWMAN SPRINGS ROAD,  
(Street Address of Principal Office) (Mailing Address)  
BUILDING 1, 4TH FLOOR, SUITE 143 BUILDING 1, 4TH FLOOR, SUITE 143  
RED BANK, NJ 07701 RED BANK, NJ 07701

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

Name: CHRIS CATHCART  
Office Address: 225 S. WESTMONTE DRIVE, SUITE 1160  
ALTAMONTE SPRINGS 32714  
(City) Florida (Zip code)

FILED  
4:43 FEB 23 PM 4:25  
TALLAHASSEE

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.

Chris Cathcart  
(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]:

**Title or Capacity:** **Name and Address:**

☒ Manager Name: GEORGE ACKERSON

☒ Member Address: 331 NEWMAN SPRINGS ROAD

☒ Authorized BUILDING 1, 4TH FLOOR, SUITE 143

Person RED BANK, NJ 07701

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Manager Name: \_\_\_\_\_

☐ Member Address: \_\_\_\_\_

☐ Authorized \_\_\_\_\_

Person \_\_\_\_\_

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Manager Name: \_\_\_\_\_

☐ Member Address: \_\_\_\_\_

☐ Authorized \_\_\_\_\_

Person \_\_\_\_\_

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

**Title or Capacity:** **Name and Address:**

☐ Manager Name: \_\_\_\_\_

☐ Member Address: \_\_\_\_\_

☐ Authorized \_\_\_\_\_

Person \_\_\_\_\_

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Manager Name: \_\_\_\_\_

☐ Member Address: \_\_\_\_\_

☐ Authorized \_\_\_\_\_

Person \_\_\_\_\_

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Manager Name: \_\_\_\_\_

☐ Member Address: \_\_\_\_\_

☐ Authorized \_\_\_\_\_

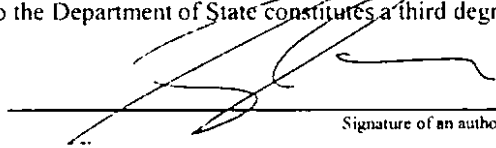
Person \_\_\_\_\_

☐ 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.

  
\_\_\_\_\_  
Signature of an authorized person

GEORGE ACKERSON  
\_\_\_\_\_  
Typed or printed name of signee

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

**BARTERSAVES, LLC**  
0600422865

*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 July 21, 2015.*

*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:*

GEORGE ACKERSON  
12 CHRISTOPHER WAY  
SUITE 200  
EATONTOWN, NJ 07724



*IN TESTIMONY WHEREOF, I have  
hereunto set my hand and affixed  
my Official Seal at Trenton, this  
30th day of January, 2023*

Elizabeth Maher Muoio  
State Treasurer

Certificate Number : 6139782172

Verify this certificate online at

[https://www1.state.nj.us/TYTR\\_StandingCert/JSP/Verify\\_Cert.jsp](https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp)