

MZ3000011278

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

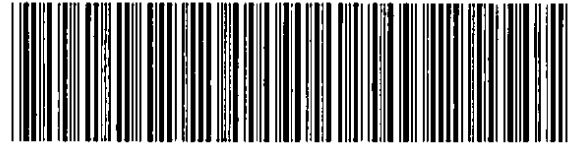
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900413922689

08/18/23--01019--019 **160.00

APPROVED
AND
FILED
2023 AUG 18 PM 1:21
CLERK OF DISTRICT
COURT
HONOLULU, HAWAII

AUG 29 2023
K. Brumbley



CENTURY BUSINESS & FINANCIAL SERVICESSM

300 Carnegie Center, Suite 150
Princeton, NJ 08540
Tel: 609-786-2412
Fax: 609-786-2405

Thomas H Judge, EA, ChFC®, CFS®
Investment Advisor Representative
Tax Email: tjudge@centurybfs.com
Investments Email: thomas.judge@ceterafs.com
Web Site: <https://www.centurybfs.com>

August 16, 2023

Registration Section
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Please find enclosed an application for a foreign LLC to do business in Florida (Century Financial Services LLC), copy of Standing Certificate from the State of NJ and a check for \$160.00.

Please process the application and send all docs and letters to:

Century Financial Services LLC
PO Box 9223
Longboat Key, FL 34228

Thank you for your prompt attention in this matter.

Sincerely,

Thomas H Judge

Thomas H Judge
President
Managing Member

Securities offered through Cetera Financial Specialists LLC (doing business in CA as CFGFS Insurance Agency), member FINRA/SIPC. Advisory services offered through Cetera Investment Advisors LLC. Advisory services may only be offered by investment advisor representatives in conjunction with the firm advisory services agreement and disclosure brochure as provided.

*EA-Enrolled Agent
Enrolled to Practice before the Internal Revenue Service
CFS-Certified Fund Specialist
ChFC® Chartered Financial Consultant®*

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Century Financial Services 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:

Thomas H Judge

Name of Person

Century Financial Services LLC

Firm/Company

PO Box 9223

Address

Longboat Key FL 34228

City/State and Zip Code

tjudge@centurybfs.com

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

For further information concerning this matter, please call:

Thomas H Judge

609

306-7865

Name of Contact Person

at (_____) _____

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. Century Financial Services 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. 93-2795722
(Jurisdiction under the law of which foreign limited liability company is organized) (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. 595 Bay Isles Rd Suite 125-F 6. PO Box 9223
(Street Address of Principal Office) (Mailing Address)

Longboat Key, FL 34228 Longboat Key FL 34228

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

Name: Thomas H Judge
Office Address: 3235 Gulf of Mexico Dr, Apt A203
Longboat Key 34228
(City) , Florida (Zip code)

APPROVED
AND
FILED
2023 AUG 18 PM 1:21
CLERK OF THE COURT
STATE OF FLORIDA

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.

Thomas H Judge
(Registered agent's signature)

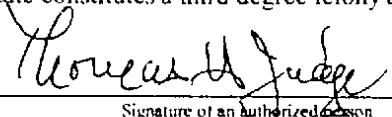
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

| <u>Title or Capacity:</u> | <u>Name and Address:</u> | <u>Title or Capacity:</u> | <u>Name and Address:</u> |
|---|--------------------------------------|--------------------------------------|--------------------------------------|
| <input checked="" type="checkbox"/> Manager | Name: Thomas H Judge | <input type="checkbox"/> Manager | Name: _____ |
| <input type="checkbox"/> Member | Address: 3235 Gulf of Mexico Dr | <input type="checkbox"/> Member | Address: _____ |
| <input type="checkbox"/> Authorized | Longboat Key, FL 34228 | <input type="checkbox"/> Authorized | _____ |
| Person | _____ | Person | _____ |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Manager | Name: _____ | <input type="checkbox"/> Manager | Name: _____ |
| <input type="checkbox"/> Member | Address: _____ | <input type="checkbox"/> Member | Address: _____ |
| <input type="checkbox"/> Authorized | _____ | <input type="checkbox"/> Authorized | _____ |
| Person | _____ | Person | _____ |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Manager | Name: _____ | <input type="checkbox"/> Manager | Name: _____ |
| <input type="checkbox"/> Member | Address: _____ | <input type="checkbox"/> Member | Address: _____ |
| <input type="checkbox"/> Authorized | _____ | <input type="checkbox"/> Authorized | _____ |
| Person | _____ | Person | _____ |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |

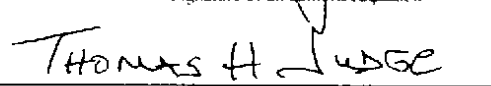
Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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



Typed or printed name of signer

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

**CENTURY FINANCIAL SERVICES LLC
0451006971**

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 August 08, 2023.

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:

THOMAS H JUDGE
300 CARNEGIE CENTER
SUITE 150
PRINCETON, NJ 08540



*IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed
my Official Seal at Trenton, this
16th day of August, 2023*

Elizabeth Maher Muoio
State Treasurer

Certificate Number : 6145743919

Verify this certificate online at

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