

Division of Corporations

Florida Department of State

Division of Corporations

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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : BUSINESS FILINGS
Account Number : 105256001620
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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**Foreign Limited Liability Company
408 Whiton Street, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

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DIVISION OF CORPORATIONS
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TALLAHASSEE, FL 32399

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MAY -7 2018

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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS
IN FLORIDAIN 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. 408 Whiton Street, LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," 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.L.C.," or "LLC.")2. New Jersey(Jurisdiction under the law of which foreign limited liability
company is organized)3. 300072494

(FEI number, if applicable)

4. Upon Qualification(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S., to determine penalty liability)5. 150 Madison Avenue, Hasbrouck Heights, New Jersey 07604

(Street Address of Principal Office)

6. 150 Madison Avenue, Hasbrouck Heights, New Jersey 07604

(Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)Name: Business Filings IncorporatedOffice Address: 1200 South Pine Island RoadPlantation

(City)

Florida 33324

(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 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) Mark Williams, A.V.P., Business Filings Incorporated

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

Member: Joseph Morena, 150 Madison Avenue, Hasbrouck Heights, New Jersey 076049. 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 of an authorized personThis 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.Joseph Morena, Member

Typed or printed name of signer

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SECRETARY OF STATE
TREASURY DEPT.

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

408 WHITON STREET, LLC
0600127355

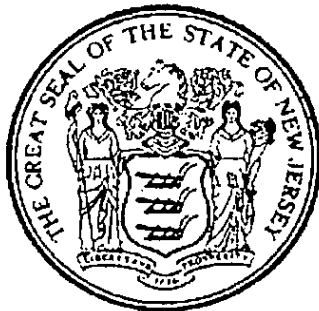
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TALLAHASSEE, FLORIDA

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 November 26, 2001.

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:

STEVEN J EISENSTEIN
103 EISENHOWER PARKWAY
ROSELAND, NJ 07068-0000



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 4th day of May, 2018

A handwritten signature in black ink, appearing to read "Elizabeth Maher Muoio".

Elizabeth Maher Muoio
State Treasurer

Certificate Number : 6083024117

Verify this certificate online at

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