Faceomo

(Re	equestor's Name)			
(Ad	ldress)			
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(Cit	ty/State/Zip/Phone	#)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				
	<u>.</u>			





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	tration Section ion of Corporations			
SUBJECT:	•	J. SANTYE, JR. &	CO., P.A.	
SUBJECT	Name of	corporation - mu	st include suffix	
Dear Sir or M	adam:			
"Certificate o	"Application by Foreign Corp f Existence," or "Certificate of ced foreign corporation to tran	f Good Standing"	and check are submi-	Business in Florida," tted to register the
Please return	all correspondence concerning	g this matter to the	e following:	
	,	ANTHONY J. SAN	TYE, JR.	202 TÃI
		Name of Perso	n	DF
	AJ SANTYE & CO		<u> </u>	EB -3
Firm/Company			<u></u>	
	<u> </u>	86 EAST MAIN ST	REET	F P
		Address		14 03 DRID
		SOMERVILLE, N.	08876	Σ ω
		City/State and Zi	•	
		FERRIS@SANTY		VC
	E-mail address:	(to be used for fu	ture annual report not	itication)
For further in	iformation concerning this ma	tter, please call:		
JOANNE S. F	TERRIS	908	704-1400	
Nan	ne of Person	Area Code	Daytime Telepho	one Number
Regi Divi The 2415	EET/COURIER ADDRESS istration Section sion of Corporations Centre of Tallahassee 5 N. Monroe Street, Suite 810 ahassee, FL 32303	:	MAILING AD Registration Sec Division of Cor P.O. Box 6327 Tallahassee, FL	tion porations
Enclosed is a Please make o	a check for the following amounted the check payable to: FLORIDA DE filing Fee S78.75 Filing Certificate of	PARTMENT OF Fee &	STATE 8.75 Filing Fee & rtified Copy	S87.50 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

BA AJSAN				
name unavaila	ble in Florida, enter alternate corporate name add	opted for the purpose of transacting business in Florida)		
NEW JEF	•	22-2137060		
State or country	under the law of which it is incorporated)	(FEI number, if applicable)		
JANUARY 9, 1977 5.		(Date of duration, if other than perpetual)		
(Date	of incorporation)	(Date of duration, if other than perpetual)		
	FEBRUARY 3, 202	00		
ame and <u>stree</u> Name:	(Principal office NAPLES, FL 34102	street address) street address) address, if different) REAL STREET ORDER OR		
e Address:	365 FIFTH AVENUE SOUTH; SUITE 201			
	NAPLES	Florida 34102		
	(City)	(Zip code)		

(Registered agent's signature)

and I am familiar with and accept the obligations of my position as registered agent.

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

A. DIRECTORS Chairman Vice Chairman Director President	Name:	□Chairman □Vice Chairman □Director □President	Name: G. ROBERT SANTYE			
□Vice President		□Vice President				
□ Secretary	☐ Treasurer	□Secretary	☐ Treasurer			
□Other	Other	Other	Other			
■ Director □ President	ANTHONY G. GRECO Name: 36 EAST MAIN STREET SOMERVILLE, NJ 08876 Treasurer Other	☐ Chairman ☐ Vice Chairman ☐ Director ☐ President ☐ Vice President ☐ Secretary ☐ Other	JULIE C. COOKE Name: 36 EAST MAIN STREET Address: SOMERVIELE, NJ 08876 EB SSE FUEDTreasurer REDOUBLE C. COOKE			
□ Chairman	Name:	⊡ Chairman	Name:			
□Vice Chairman	Address:	□Vice Chairman	Address:			
Director		Director				
□President		□ President				
□Vice President		□Vice President				
□ Secretary	Treasurer	☐ Secretary	☐Treasurer			
Other	Other	Other	Other			
The officer or direshe is aware that is 817,155, F.S.	Signature of Director of the information submitted in a document to the Department of Signature of Director of the information submitted in a document to the Department (and Who is listed in number of the Signature of Director of Signature of Signature of Director of Signature of	ent of State Annual R or Officer or 11 above) affirms t timent of State constit	hat the facts stated herein are true and that he of tutes a third degree felony as provided for in			
(Typed or printed name and capacity of person signing application)						

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

ANTHONY J. SANTYE, JR. & CO., P.A. 0100031661

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Professional Corporation was registered by this office on January 09, 1977.

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:

ANTHONY J SANTYE 36 E MAIN ST SOMERVILLE, NJ 08876

CREAT STATE OF THE STATE OF THE

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 30th day of January, 2020

Elizabeth Maher Muoio State Treasurer

Certificate Number: 6104567255

Verify this certificate online at

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