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T. LEMIEUX

JUL 15 2022

COVER LETTER

TO:		ration Sectio on of Corpor					
SUBJ	FCT.	Liberty Build	ng & Managem	ent Corp			
эора	LCI.		Name c	of corporation	n - mus	st include suffix	-
Dear S	ir or Ma	ıdam:					
"Certif	icate of	Existence,"		of Good Sta	nding"	and check are subm	Business in Florida," itted to register the
Please	return a	ill correspond	lence concerni	ng this matte	er to the	e following:	
James I	Paladino						
	_			Name o	f Persoi	n	
Liberty	Buildin	g & Managem	ent Corp				
				Firm/Co	mpany		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
PO Box	c 76						
-				Add	ress		
Frankli	n Lakes.	New Jersey 0	7417				
				City/State	and Zip	code	-
office@	libertyb	uildingcorp.co	m				
			E-mail address	to be used	for fut	ure annual report no	tification)
For fur	ther int	ormation con	cerning this m	atter, please	call:		
Roseann Walley at (201			57	4-8011			
	Name	of Person		Area Co	de	Daytime Telepho	one Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			
Please r		ck payable to:	following amo FLORIDA DE S78.75 Filing Certificate o	PARTMEN 3 Fee &	□ \$78.	TATE 75 Filing Fee & tified Copy	\$87.50 Filing Fee, Certificate of Status & Certified Conv

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.

1.	Liberty Building	& Management Corp				
	(Enter name of co "Inc.," "Co.," "Co	orporation; must include "INC orp," "Inc." "Co," or "Corp.")	CORPORATED," *	COMPANY," "CORPORATION	``	
	(If name unavaila	able in Florida, enter alternate	corporate name ade	opted for the purpose of transacting	business in Florida)	
2.	New Jersey		3			
	2. (State or country under the law of which it is incorporated)			(FEI number, if applicable)		
4.	January 4, 2012		5			
	(Date	of incorporation)		(Date of duration, if other th	nan perpetual)	
6.			····			
				orida, if prior to registration) , F.S., to determine penalty liability	v) 🚫	
7	120 N. Central Av	renue Suite 5 Ramsey, NJ 07-	146		2022	
٠٠.			(Principal office	street address)	2022 JUN 24	
					24	FILED
			(Current mailing a	ddress, if different)	in a	EO
8	Name and stree	et address of Florida registe	red agent: (P.O.)	Rox NOT accentable)	1 3: FLO	
	Name:	James Paladino	. va agem. (1.0. i	incorpance,	M 3: 07	
Of	ffice Address:	3411 Indian Creek Drive	Unit-1001	_		
		Miami Beach		, Florida <u>33140</u>		
		(City)		(Zip code)		
He de fu	aving been name signated in this rther agree to co	application, I hereby acce	pt the appointment of all statutes relations of my positions		to act in this capac	ity. I

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.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS James Paladino □ Chairman Name: □Chairman Name: _____ 924 Laurie Lane Address: □Vice Chairman ☐ Vice Chairman Address: Franklin Lakes, NJ 07417 □Director Director ■President □President □Vice President □Vice President □ Secretary □Treasurer ☐ Secretary □Treasurer Other _____ Other _____ □Other _____ □ Chairman Name: []Chairman Name: □ Vice Chairman Address: □ Vice Chairman Address: Director □ Director □President □President ☐ Vice President ____ ☐ Vice President □ Secretary ☐ Treasurer ☐ Secretary ☐ Treasurer □Other Other _____ □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 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 Forida Department of State Annual Report form. Signature of Director or Officer The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that 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. James Paladino

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

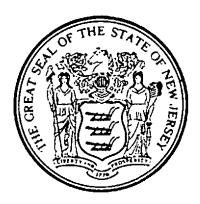
LIBERTY BUILDING & MANAGEMENT CORP 0400461688

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic For-Profit Corporation was registered by this office on January 04, 2012.

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:

LEONARD MONESTERI 607 MIDLAND AVENUE GARFIELD, NJ 07026



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 16th day of June, 2022

Elizabeth Maher Muoio State Treasurer

duk of Mun

Certificate Number: 6132973223

Verify this certificate online at

https://www.Lstate.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp