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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

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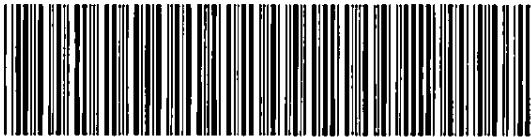
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

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M. SOLOMON
APR 30 2024

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Sills Cummis & Gross P.C.

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

John Aiello

Name of Person

Sills Cummis & Gross P.C.

Firm/Company

One Riverfront Plaza

Address

Newark, New Jersey 07102

City/State and Zip code

Finance@sillscummis.com

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

For further information concerning this matter, please call:

John Aiello	at (973)	643-7000
Name of Person	Area Code	Daytime Telephone 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

Enclosed is a check for the following amount:

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

\$70.00 Filing Fee \$78.75 Filing Fee & Certificate of Status \$78.75 Filing Fee & Certified Copy \$87.50 Filing Fee, Certificate of Status & Certified Copy

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**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. Sills Cummins & Gross P.C. , A Professional Corporation

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. New Jersey 3. 22-1920331

(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 09.15.1971 5.

(Date of incorporation) (Date of duration, if other than perpetual)

6. 04.01.2024

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 222 Lakeview Ave Suite 800, West Palm Beach, Florida 33401

(Principal office street address)

(Current mailing address, if different)

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

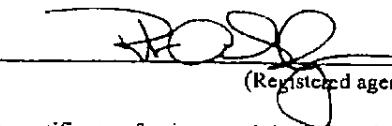
Name: Robert Selig

Office Address: 222 Lakeview Ave Suite 800

West Palm Beach, Florida 33401
(City) (Zip code)

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation 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)

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]:

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REGISTRATION
AND
CHARTER
SECTION
OF
FLORIDA

A. DIRECTORS

Chairman Name: Steven Gross
 Vice Chairman Address: One Riverfront Plaza
 Director Newark, New Jersey 07102
 President _____
 Vice President _____
 Secretary Treasurer _____
 Other Other _____

Chairman Name: Donald Grover
 Vice Chairman Address: One Riverfront Plaza
 Director Newark, New Jersey 07102
 President _____
 Vice President _____
 Secretary Treasurer _____
 Other Chief Operating Officer Other _____

Chairman Name: _____
 Vice Chairman Address: _____
 Director _____
 President _____
 Vice President _____
 Secretary Treasurer _____
 Other Other _____

Chairman Name: Robert Max Crane
 Vice Chairman Address: One Riverfront Plaza
 Director Newark, New Jersey 07102
 President _____
 Vice President _____
 Secretary Treasurer _____
 Other Other _____

Chairman Name: _____
 Vice Chairman Address: _____
 Director _____
 President _____
 Vice President _____
 Secretary Treasurer _____
 Other Other _____

Chairman Name: _____
 Vice Chairman Address: _____
 Director _____
 President _____
 Vice President _____
 Secretary Treasurer _____
 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.

12. Donald J. _____ 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.

13. Donald Grover Chief Operating Officer _____

(Typed or printed name and capacity of person signing application)

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

SILLS CUMMIS & GROSS P.C.
0000003174

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 September 15, 1971.

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:

ROBERT MAX CRANE, ESQ.
SILLS CUMMIS & GROSS P.C.
NEWARK, NJ 07102-5400



IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed
my Official Seal at Trenton, this
17th day of March, 2024

Elizabeth Maher Muoio
State Treasurer

Certificate Number : 6151778226

Verify this certificate online at

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