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SECRETARY OF STATE
ALLAHASSEE, FLORES

ALLAHASSEE, FLORES

ALLAHASSEE

ALLAHAS

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations		
SUBJECT: NASTEC TRI-STATE, LLC		
(Name of Limi	ited Liability Company)	
The enclosed "Application by Foreign Limited Lia Florida," Certificate of Existence, and check are su liability company to transact business in Florida	bility Company for Authorization to Transact Is britted to register the above referenced foreig	Business in n limited
Please return all correspondence concerning this m	natter to the following:	
SEAN BEN- (Nar	MENAHEM me of Person)	
<u>Nastec Tri-Stat</u> (Fir	e m/Company)	lgh-pin-
50 Walnut St.	(Address)	_
Edison, NJ 0881		
(City/Sta	ate and Zip Code)	
For further information concerning this matter, ple	ase call: ALL AHA	WER DEC 27 P
Ron Padron	at (732) 522-6461	27
(Name of Person)	(Area Code & Daytime Telephone Number	er) T
STREET ADDRESS:	MAILING ADDRESS:	<u>ن</u> 🔾
Registration Section	Registration Section	5
Division of Corporations 409 E. Gaines Street	Division of Corporations P.O. Box 6327	
Tallahassee, Florida 32399	Tallahassee, Florida 32314	
Enclosed is a check for the following amount:	turionous, riorian sus r	

\$155 Certificate of States

\$155.00 Filing Fee &

Certified Copy

\$125.00 Filing Fee

\$160.00 Filing Fee, Certificate of Status & Certified Copy

APPLICATION APPLICATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

NASTEC	C TRI-STATE, LLC	m limit	ed liability company)		
	(Name of foreig	311 1111111	ed natinty company)		
NEW JERSEY		3.	77–0647692 (FEI number, if applicable)		
(Jurisdiction under the con	e law of which foreign limited liabilit pany is organized)	y	(FEI number, if applicable)		
9/23/2004	of Organization)	5.	perpetual (Duration: Year limited liability company		
(Date	of Organization)		(Duration: Year limited liability company exist or "perpetual")	will ceas	se to
(Date	UPON QUALIFICATION first transacted business in Florida. (See sec	tions 608.501, 608.502, and 817.155, F.S.)	
	15893 NW 5th	St.			
	Pembroke Pine (Street addr	s, FI	2 33028 principal office)		
	/ company is a manager-manag				
The name and us	ual business addresses of the m	anagir	ng members or managers are as foll	ows:	
Sean Ber	ı-Menah e m				
50 Walnu	nt St.				
50 Walnu				=	~
50 Walnu	nt St.			JALL.	2884
50 Walnu Edison,	NJ 08817			SECRES S	2884 PE
50 Walnu Edison, Attached is an origin	NJ 08817 al certificate of existence, no more than	90 day:	s old, duly authenticated by the official havir	JALLA SECRETARIAN	2884 CF reco
50 Walnu Edison, Attached is an origin the jurisdiction under	NJ 08817 all certificate of existence, no more than the law of which it is organized. (A pi	90 days	s old, duly authenticated by the official havin	JALLA AND SECRETARY	grigge,
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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:	
NASTEC TRI-STATE I.I.C	
2. The name and the Florida street address of the registered agent and office are:	
ANDREW SFAWARD (Name)	
15893 NW 5th St. Florida street address (P.O. Box NOT ACCEPTABLE)	
Pembroke Pines FL 33028 (City/State/Zip)	
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 certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with accept the obligations of my position as registered agent as provided for in Chapter 608, [5]	

\$ 100.00 Filing Fee for Application

S 30.00 Certified Copy (optional)

5.00 Certificate of Status (optional)



