

M080000000787

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(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
08 FEB 15 PM 3:15

T. HAMPTON

FEB 15 2008

EXAMINER

*Handwritten signature/initials*

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SUNCOVE DISTRIBUTION, LLC  
(Name of Limited Liability Company)

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

ROBERT P. COVIELLO  
(Name of Person)

SUNCOVE DISTRIBUTION, LLC  
(Firm/Company)

991 U.S. HIGHWAY 22, Suite 200  
(Address)

BRIDGEWATER, NJ 08807  
(City/State and Zip Code)

For further information concerning this matter, please call:

ROBERT P. COVIELLO at ( 908 ) 595-2106  
(Name of Person) (Area Code & Daytime Telephone Number)

**MAILING ADDRESS:**  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee    ☐ \$130.00 Filing Fee & Certificate of Status    ☐ \$155.00 Filing Fee & Certified Copy    ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

Suncove Distribution, LLC  
991 U.S. Highway 22 Suite 200  
Bridgewater, NJ 08807  
Tele: Office (908) 595-2106  
Cell (908) 672-9477  
January 18, 2008

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

To Whom it May Concern:

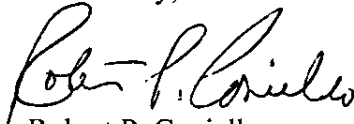
I would like to register my New Jersey Limited Liability Company in the state of Florida. I am in the process of establishing a business to import wine from Spain and sell through a licensed distributor in the state of Florida.

Enclosed is a check for \$125, a completed application and Certificate of Good Standing from the State of NJ. (Note: The address shown in the Certificate as the NJ Registered Agent is (my) home address – with a typographical error in the spelling of the town – it should be Bridgewater- all other information is correct. I have since moved to the office shown on the application).

Once I receive the Registration from Florida, I will apply for a Primary American Source of Supply.

Thank you for your help.

Yours truly,

  
Robert P. Coviello



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 8, 2008

ROBERT P COVIELLO  
991 YS HWY 22  
STE 200  
BRIDGEWATER, NJ 08807

SUBJECT: SUNCOVE DISTRIBUTION, LLC  
Ref. Number: W08000004269

RECEIVED  
08 FEB 15 PM 2:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for SUNCOVE DISTRIBUTION, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

Please list the complete principal's office address in section 7 on the application.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 708A00008480



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

08 FEB -7 PM 3:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

January 25, 2008

ROBERT P COVIELLO  
991 YS HWY 22  
STE 200  
BRIDGEWATER, NJ 08807

SUBJECT: SUNCOVE DISTRIBUTION, LLC  
Ref. Number: W08000004269

We have received your document for SUNCOVE DISTRIBUTION, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list the complete principal's office address.

The document must contain the name, title, and business address of each managing member or manager who will manage the foreign limited liability company in the state of Florida. Please insert "MGRM" in the title portion for each managing member and "MGR" in the title portion for each manager.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 508A00005489

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO  
TRANSACTION BUSINESS IN FLORIDA**

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

1. SUNCOVE DISTRIBUTION, LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C.," "LLC.")

2. NEW JERSEY 3. \_\_\_\_\_  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. JUNE 12, 2007 5. PERPETUAL  
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")

6. — (HAVE NOT TRANSACTION BUSINESS AS YET) —  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 608.501 & 608.502 F.S. to determine penalty liability)

7. 991 U.S. HIGHWAY 22 SUITE 200  
BRIDGEWATER NJ 08807  
(Street Address of Principal Office)

8. If limited liability company is a manager-managed company, check here ☐

9. The name and usual business addresses of the managing members or managers are as follows:

ROBERT P. COVIELLO, MGRM  
991 U.S. HIGHWAY 22 SUITE 200  
BRIDGEWATER, NJ 08807

10. Attached is an original 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. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

11. Nature of business or purposes to be conducted or promoted in Florida: WINE IMPORTING  
FROM EUROPE

Robert P. Covello  
Signature of a member or an authorized representative of a member.  
(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

ROBERT P. COVIELLO  
Typed or printed name of signee

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
08 FEB 15 PM 3:15

**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:

SUNCOVE DISTRIBUTION, LLC

If name unavailable, the alternate name to be used in the state of Florida is:

2. The name and the Florida street address of the registered agent and office are:

AUGUST J. STANTON, JR. ESQ. c/o STANTON AND GARDICK, P.A.  
(Name)

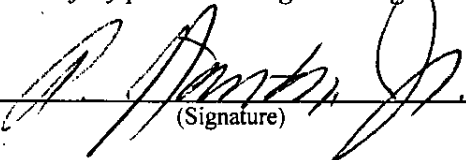
390 N. ORANGE AVE - SUITE 260

Florida Street Address (P.O. Box **NOT** ACCEPTABLE)

ORLANDO, FL 32801

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 and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.*

  
(Signature)

\$ 100.00	Filing Fee for Application
\$ 25.00	Designation of Registered Agent
\$ 30.00	Certified Copy (optional)
\$ 5.00	Certificate of Status (optional)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
08 FEB 15 PM 3:15

**STATE OF NEW JERSEY  
DEPARTMENT OF TREASURY  
SHORT FORM STANDING**

**SUNCOVE DISTRIBUTION, LLC**

0600301845

*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 June 12, 2007.*

*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 registered office are:*

*Robert P Coviello  
855 Sunset Ridge  
Brightwater, NJ 08807*



Certification# 111451067

*IN TESTIMONY WHEREOF, I have  
hereunto set my hand and affixed my  
Official Seal at Trenton, this  
9th day of January, 2008*

*Michellene Davis  
Acting State Treasurer*

Verify this certificate at  
[https://www1.state.nj.us/TYTR\\_StandingCert/JSP/Verify\\_Cert.jsp](https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp)