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T. CLINE JUN 1 0 2008 **EXAMINER**

COVER LETTER

	istration Section sion of Corporations				
SUBJECT:	6751 North University, LLC (Name of Lir	nited Liability Company)	_		
Florida," Ce		iability Company for Authorization to submitted to register the above reference			
Please return	n all correspondence concerning this	matter to the following:			
	Michael K. Breen, Esq.				
	(N	ame of Person)			
	Price, Meese, Shulman & 1	D'Arminio, P.C.			
		irm/Company)			
	50 Tice Boulevard				
		(Address)	ALLA ROBS		and a
	Woodcliff Lake, New Jers	ey 07677	=		Otheran
	(City/S	tate and Zip Code)	SSE	Ġ	CTD Market
For further i	information concerning this matter, pl	ease call:	OF STAT	PM I:	barranten in gallini
Mic	hael K. Breen, Esq.	at (201) 391-3737	Ç.ri	φ. Τ	
	(Name of Person)	(Area Code & Daytime Telephor	ne Numb	er)	
MAI	ILING ADDRESS:	STREET ADDRESS:			
	sion of Corporations	Division of Corporations			
	Box 6327	Clifton Building			
Talla	ahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301			
	a check for the following amount: 25.00 Filing Fee \$\square\$ \$130.00 Filing Fee & Certificate o		iling Fee, (of Status &		

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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION 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:

1. 6751 (Nar	1 North University, LLC me of Foreign Limited Liability Company; must in	nclud	e "Limited Liability Company," "L.L.C.," o	or "LLC."	")	-
consent of t	navailable, enter alternate name adopted for the put the managers or managing members adopting the ""L.L.C.," "LLC.")					
2. New . (Jurisdict company	Jersey tion under the law of which foreign limited liability is organized)	3. ty	(FEI number, if applicable))		
4. <u>Marc</u>	ch 6, 2008 (Date of Organization)	5.	Perpetual (Duration: Year limited liability companexist or "perpetual")	y will ce	ase to	-
6	(Date first transacted business in (See sections 608.501 & 608.502	Flori F.S. to	da, if prior to registration.) o determine penalty liability)			
7. <u>93 I</u>	Davies Avenue				·	
Dumo	ont, NJ 07628					
-	(Street Addre	ess of	Principal Office)	54.0	r	
8. If limit	ted liability company is a manager-manag	ged c	ompany, check here x	NECRE LLAN		-h. j
9. The na	ame and usual business addresses of the m	ianag	ging members or managers are as fol	lows;	#-9	> 30***/ ***-1.49 **
<u>-</u> Ват	rbara Moskowitz, 93 Davies Avenu	ıe,	Dumont, NJ 07628		כי	
	dythe Dim, 219 West 81st Street,			STATE ORIDA		fraken fraken sterne
the jurisdiction translation of	ed is an original certificate of existence, no more than to ion under the law of which it is organized. (A photocofthe certificate under eath of the translator must be s	copy i ubmi	s not acceptable. If the certificate is in a foreign ted.)	gn langua	age, a	ords in
11. Natur	re of business or purposes to be conducted	l or p	promoted in Florida: The purpose	of th	<u>e</u>	
<u>Limit</u> dispo	ted Liability Company is to enga	act	in the acquisition, renting ivities ancillary thereto.	, and		
), F.S.	orized representative of a member, , the execution of this document constitutes that the facts stated herein are true.)			
	Michael K. Breen, Es	o.				

Typed or printed name of signee

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.

6/51 Nort	th University, LLC		
If name unavai	lable, the alternate name to be used in the state of Florida is:		
2. The name a	nd the Florida street address of the registered agent and office are:		
	Ms. Ellen Lev	TAS CE	}
	Ms. Ellen Lev (Name)	- 55 &	
		SECRETARY OF TALLAHASSEE. F	A

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.

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

STATE OF NEW JERSEY DEPARTMENT OF TREASURY SHORT FORM STANDING

6751 NORTH UNIVERSITY, LLC

0600321117

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 March 6, 2008.

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:

Barbara Moskowitz 93 Davies Avenue Dumont, NJ 07628



Certification# 111980116

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 13th day of May, 2008

R. David Rousseau State Treasurer

Verify this certificate at https://www1.state.nj.us/TYTR StandingCert/JSP/Verify Cert.jsp