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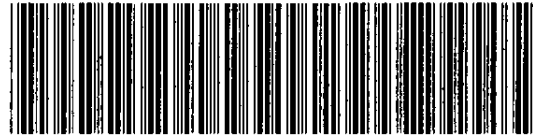
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SEP - 3 2008

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2008 SEP -2 P 1:53

**FILED**

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 3400 N. Federal HWY, 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:

Ron Chilipka

(Name of Person)

3400 N. Federal HWY, LLC

(Firm/Company)

620 Tinton Ave Ste 200, BLDG B

(Address)

Tinton Falls, NJ 07724

(City/State and Zip Code)

For further information concerning this matter, please call:

Ron Chilipka

(Name of Person)

at ( 732 ) 542-2328 EXT. 236

(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

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2009 SEP -2 P 1:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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. 3400 N. Federal HWY, 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. 26-2136998  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 3/24/2008 5. Perpetual  
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")

6. 4/15/08  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 608.501 & 608.502 F.S. to determine penalty liability)

7. 620 Tinton Ave Ste 200, BLDG B  
Tinton Falls, NJ 07724  
(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:

See Statement A

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: \_\_\_\_\_

Commercial Real Estate

Ron Chilipka 8/28/08  
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.)  
Ron Chilipka  
Typed or printed name of signee

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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:

**3400 N. Federal HWY, 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:

**David Stavola**

(Name)

**2910 NE 53rd Street**


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

**Lighthouse Point**

**FL**

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.*

 **8/28/08**  
(Signature)

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

Statement A

**3400 N. Federal HWY, LLC**

Question #9.

- 1) FBO Joseph C Stavola IV Irrevocable Trust Agreement  
David Stavola, Trustee  
22-6646890  
PO Box 482  
Red Bank, NJ 07701
- 2) FBO Robert W Stavola Irrevocable Trust Agreement  
David Stavola, Trustee  
22-6646891  
PO Box 482  
Red Bank, NJ 07701
- 3) FBO David J Stavola Jr Irrevocable Trust Agreement  
Joseph C Stavola, Trustee  
22-6646888  
PO Box 482  
Red Bank, NJ 07701
- 4) FBO Michele Stavola Irrevocable Trust Agreement  
Joseph C Stavola, Trustee  
22-6646889  
PO Box 482  
Red Bank, NJ 07701

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

**3400 N. FEDERAL HWY, LLC**

0600321032

*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:*

*Frank J. Crupi, Esq.  
70 South Orange Avenue  
Livingston, NJ 07039*



Certification# 112587468

*IN TESTIMONY WHEREOF, I have  
hereunto set my hand and affixed my  
Official Seal at Trenton, this  
11th day of September, 2008*

A handwritten signature in black ink, appearing to read "R. David Rousseau".

*R. David Rousseau  
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)