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SECRETARY OF STATE

M. THOMAS

DEC 29 2009

**EXAMINER** 

#### **COVER LETTER**

	eration Section on of Corporations
SUBJECT: _	Jaffe + Falt, LLC
	Name of Limited Liability Company
The enclosed ". Existence, and	Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate check are submitted to register the above referenced foreign limited liability company to transact business in Flor
Please return al	il correspondence concerning this matter to the following:
	Lawrence E- Siffe Name of Person
	Joseffe + Falt LLC Firm/Company
	2337 West 76 th Street 3 3 7
	Hidledh FL 330/6 City/State and Zip Code
	Address  Hilleh FL 530/6  City/State and Zip Code  /e jo jaffe fa/k // c. com  E-man address: (to be used for future annual report notification)
For further info	ormation concerning this matter, please call:
<u></u>	Name of Person Area Code & Daytime Telephone Number
Divisi Regist P.O. E	STREET ADDRESS: on of Corporations cration Section Box 6327 assee, FL 32314  STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
Enclosed is a	a check for the following amount:
<b>\$12</b>	25.00 Filing Fee \$\int \text{\$130.00 Filing Fee & Certificate of Status}\$\$155.00 Filing Fee & \$\int \text{\$155.00 Filing Fee & Certified Copy}\$\$\$ of Status & Certified Copy

### · 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:
Taffa + Falk 110
(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.")
7 15 17 17 17
2. Nu Jersely 3. 14-1893353 (FEI number, if applicable)
company is organized) 4. Perpetud 5. Perpetud
(Date of Organization) (Duration: Year limited liability company will cease to
exist or "perpetual")
6. (Date first transacted business in Florida, if prior to registration.)
(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)
7
NVA1461 PL 33016 52
(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:
Lawrence E. Jaffe - 2337 W.76 St. Hic/eck, FL 3306 Joshna Jeffe - 777 Terrace Am; Suste 103, Husbrush
Joshna Jaffe - 777 Terrace Am; Suste 103, Husbrunt
to a 1/2 our Debus Ru Wartherder in Hor hts 2/07604
Kin Falk - 843 Rehwy Att, Wood bridge, W North of 0704
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: Firm
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 perjuly that the facts stated herein are true.)  LAWINGE. Taffe
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.

1. The name of the Limited Liability Company is:
Jaffe + Fa/t, LLC
If unavailable, the alternate to be used in the state of Florida is:
2. The name and the Florida street address of the registered agent and office are:
Lawrence E. Jaffe, Esg.
The street Address (P.O. Box NOT ACCEPTABLE)  Haleah FL 330/6 SECOND City/State/Zip
Haleah FL 330/6 28 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

**Designation of Registered Agent** 

Certificate of Status (optional)

Certified Copy (optional)

\$ 25.00

\$ 30.00 \$ 5.00

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

#### JAFFE & FALK, LLC

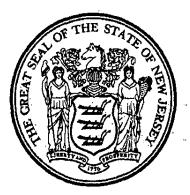
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I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Limited Liability Company was registered by this office on August 21, 2003.

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.

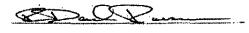
I further certify that the registered agent and registered office are:

Lawrence E Jaffe 777 Terrace Avenue Hasbrouck Heights, NJ 07604 0000



Certification# 116026697

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 23rd day of December, 2009



R. David Rousseau State Treasurer

Verify this certificate at https://www1.state.nj.us/TYTR\_StandingCert/JSP/Verify\_Cert.jsp