# M1000000854

(Requestor's Name)				
(Address)				
(Address)				
(Addiess)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Eddinoss Emily Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



800163933918

12/30/03--01038--003 \*\*130.00

FILED

10 FEB 24 PH 3: 03

10 FEB 24 PH 3: 03

### **COVER LETTER**

Registration Section Division of Corporations

TO:

SUBJECT:		eral HWY Associates, LL	<u>C</u>	
	Nan	ne of Limited Liability Company		
The enclosed "A Existence, and o	Application by Foreign Limited Liab check are submitted to register the al	ility Company for Authorization to T pove referenced foreign limited liabili	ransact Business in Florida," Certificate of ty company to transact business in Florida	
Please return all	correspondence concerning this ma	tter to the following:		
		Michael McManus		
		Name of Person		
4400 N. Federal HWY Associates, LLC				
Firm/Company				
1000 Portside Drive				
		Address		
		Edgewater, NJ 07020		
		City/State and Zip Code	-	
	М	mcmanus@daibes.com		
	E-mail address: (t	o be used for future annual report not	ification)	
For further info	rmation concerning this matter, plea-	se call:		
	Michael McManus	at ( 201 )	840.0050	
	Name of Person	Area Code & Daytime Telephor	e Number	
MAIL	ING ADDRESS:	STREET ADDRESS:		
	on of Corporations	Division of Corporations		
	ration Section	Registration Section		
	ox 6327 assee, FL 32314	Clifton Building 2661 Executive Center Circle		
Tantane	13300, 1 1 32314	Tallahassee, FL 32301		
Enclosed is a	check for the following amou	nt:		
\$125	5.00 Filing Fee \$130.00 Filing Certificate o		\$160.00 Filing Fee, Certificate of Status & Certified Copy	



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

January 5, 2010

MICHAEL MCMANUS 1000 PORTSIDE DRIVE EDGEWATER, NJ 07020

SUBJECT: 4400 N FEDERAL HWY ASSOCIATES, LLC

Ref. Number: W09000056326

We have received your document for 4400 N FEDERAL HWY ASSOCIATES, LLC and your check(s) totaling \$130.00. However, the document has not been filed and is being retained in this office for the following:

The certificate of existence must be issued within the last 90 days by the Secretary of State which has custody of the records in the jurisdiction under the laws of which the above listed entity is incorporated/organized.

Please return 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) 245-6851.

Letter Number: 109A00039640

Gina McLeod Regulatory Specialist II

## 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:

4400	N. Federal HWY Associates, LLC
(Name of Foreign Limited Liability	Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
If name unavailable, enter alternate name a onsent of the managers or managing memb	adopted for the purpose of transacting business in Florida and attach a copy of the written pers adopting the alternate name. The alternate name must include "Limited Liability
. State of New Jerse	y 3
(Jurisdiction under the law of which forei company is organized)	ign limited liability (FEI number, if applicable)
10/22/2009	5. Perpetual (Duration: Year limited liability company will cease to
(Date of Organization)	exist or "perpetual")
	Att o
<b>^</b> .	sacted business in Florida, if prior to registration.) 8.501 & 608.502 F.S. to determine penalty liability)
. 1000 fortside [	)'ine, Edjewater NJ 0702000 F
	(Street Address of Principal Office)
	(Sincer Address of Frincipal Office)
. If limited liability company is a m	nanager-managed company, check here
. The name and usual husiness add	resses of the managing members or managers are as follows:
Regins A. Arrys	0 - 1000 Portside Drive, Edgework No
07020	
Attached is an original certificate of exister	nce, no more than 90 days old, duly authenticated by the official having custody of records in
<u> </u>	ganized. (A photocopy is not acceptable. If the certificate is in a foreign language, a
1. Nature of business or purposes to	o be conducted or promoted in Florida: Real Estate Holdings
(/	$\cap$ $\cap$ $\cap$
Closin	a (Muso
	member or an authorized representative of a member.
	h section 608.408(3), F.S. The execution of this document constitutes ler the penalties of peajury that the facts stated herein are true.)
PEGINI	A ADILISE

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:		
4400 N. Federal HWY Associates, 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:		
Harvey Scholl (Name)	O FEB 24 SECRETAR ALLAHASS	FILED
Florida Street Address (P.O. Box NOT ACCEPTABLE)	PH 3: 04	ED
Boca Raton FL . City/State/Zip	Dri +	

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)

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

#### 4400 N. FEDERAL HWY ASSOCIATES, LLC

0600350841

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 October 22, 2009.

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. Travers, Esq. 1255 River Road Edgewater, NJ 07020



Certification# 116037280

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 24th day of December, 2009

625 C.S.

R. David Rousseau State Treasurer

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