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B. BOSTICK
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EXAMINER

SAMUEL J. CANTOR, P.A. ATTORNEY AT LAW

2499 GLADES ROAD, SUITE 210 BOCA RATON, FL 33431 (561) 982-9555 •TELEFAX (561) 982-9539 SAMCANPA@AOL.COM

Samuel J. Cantor* *Also Member of Pennsylvania Bar

February 15, 2012

Registration Section **Division of Corporations** Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Re: Giacobbe, L.L.C.

Enclosed herewith please find the application package for the above-referenced Foreign limited liability company (original Certificate of good standing from New Jersey) and check in the amount of \$160.00 to cover filing fees, certified copy and certificate of status.

Also enclosed is a self addressed return Federal Express envelope and airbill containing our account number for return of the documents to us via Federal Express.

Thank you for your cooperation.

Very truly your

Enclosures

VIA FEDERAL EXPRESS

COVER LETTER

Registration Section
Division of Corporations

TO:

SUBJECT: Giacobbe, L.C.		
Name of Limited Liability Company		
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Existence, and check are submitted to register the above referenced foreign limited liability company to transact busin	Certif	icate of Florida.
Please return all correspondence concerning this matter to the following:		
Samuel J. Cantor, Esq.		
Name of Person		
Samuel J. Cantor, P.A		
Firm/Company		
2499 Glades Road, Suite 210		
Address		
Boca Raton, FL 33431		
City/State and Zip Code		
samcanpa@aol.com		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:	72	
Samuel J. Cantor at (561) 982-9555	£E8	·
Name of Person Area Code & Daytime Telephone Number MAILING ADDRESS: STREET ADDRESS:	رن دري	Well-state
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	PH 2: 34	
Enclosed is a check for the following amount: \$\int_{\$125.00 \text{ Filing Fee}} \int_{\$130.00 \text{ Filing Fee} & Certificate of Status} \int_{\$Certified \text{ Copy}} \int_{\$155.00 \text{ Filing Fee} & Certified \text{ Copy}} \int_{\$060.00 \text{ Filing Fee}, Certified \text{ Copy}} \int_{\$060.00 \tex	ie	

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

IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BY SINFESS IN THE STATE OF FLORIDA:

LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:	
1. Giacobbe, 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 wriconsent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C," "LLC.")	tten
2. New Jersey (Jurisdiction under the law of which foreign limited liability 3. 22-3523835 (FEI number, if applicable)	
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)	
4, 6/6/1997 5, Perpetual	
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")	
6. Upon Registration	
(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)	
7. 75 E. Cherry Street	1,4.7 EVE
Rahway, NJ 07065	my specially my special A many
(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:	
Raffio A. Giacobbe and Lorraine Giacobbe, Managing Members	
75 E. Cherry Street	
Rahway, NJ 07065	
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records	s 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: Real Estate	
11. Nature of business of purposes as the conducted of promoted in Florida.	
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. I am aware that any false information submitted in a	
document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)	

Typed or printed name of signee

Raffio A. Giacobbe, Manager

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:	
Giacobbe, LLC.	
If unavailable, the alternate to be used in the state of Florida is:	12' TALI
2. The name and the Florida street address of the registered agent and office are:	ZFIB 16
Samuel J. Cantor, Esq.	To D
(Name)	2: 34 S-A/E
2499 Glades Road, Suite 210 Florida Street Address (P.O. Box NOT ACCEPTABLE)	——————————————————————————————————————
Boca Raton FL 33431	·
,	

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 Fill

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 THE TREASURY SHORT FORM STANDING

GIACOBBE, L.L.C.

0600039050

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 6, 1997.

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.

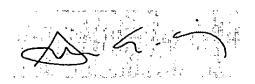
I further certify that the registered agent and registered office are:

Raffio Giacobbe 75 E Cherry St Rahway, NJ 07065



Certification# 123001595

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 9th day of February, 2012



Andrew P Sidamon-Eristoff
State Treasurer

Verify this certificate at https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp

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