

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

Office Use Only



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12 NOV 16 PM 5: 40
SECRETARY OF STATE
TALL ANASSES FLORIDA

FILED

D. BRUCE

NOV 1 9 2012

EXAMINER

11/2-51765



November 15, 2012

BRUCE SHANDLER 1042 SEA SPRAY AVE DELRAY BEACH, FL 33483

SUBJECT: JC MATGARTAY LLC Ref. Number: W12000057765

We have received your document for JC MATGARTAY LLC and your check(s) totaling \$160.00. However, the document has not been filed and is being retained in this office for the following:

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

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) 245-6051.

Deborah Bruce Regulatory Specialist II

Letter Number: 012A00027595

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SECRETARY OF SOME
TAIL AND SEER FLOWING

COVER LETTER

TO: Registration Section Division of Corporation			
own in ore.	TO MAT	TGARTAY LLC	
SUBJECT:	Na	me of Limited Liability Company	
	by Foreign Limited Lial	bility Company for Authorization to Transact Business in Florid bove referenced foreign limited liability company to transact bu	
Please return all correspond	lence concerning this m	atter to the following:	
	BRUCE	SHAWDLER Name of Person	
		Name of Person	-
	ACFN	OF Southeast FLURIDA Firm/Company	
		Firm/Сотралу	-
	1042	SEA SPRAY AVE Address	
		Address	•
	DELRAY	BEACH FL 33483 City/State and Zip Code	
		City/State and Zip Code	•
	pren	ruy @ AOL.com	
	E-mail address: (1	to be used for future annual report notification)	-
For further information cond	cerning this matter, plea	se call:	
BRUCE	SHANDLER	Area Code & Daytime Telephone Number	TACE TO
N	lame of Person	Area Code & Daytime Telephone Number	Cic Mi
MAILING ADDR Division of Corpora		STREET ADDRESS: Division of Corporations	APF ALLAHASSE
Registration Section	n	Registration Section	
P.O. Box 6327 Tallahassee, FL 323	314	Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	EP SI CONTRACTOR
Enclosed is a check for	the following amou	nt·	₩ <u>0</u>
\$125.00 Filing Fee	\$130.00 Filing Fe	e & \$155.00 Filing Fee & \$160.00 Filing Fee, Certified Conv	cate

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 BUSINESS IN THE STATE OF FLORIDA:						
(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. DELAWARE (Jurisdiction under the law of which foreign limited liability company is organized) 3. 46-133-7606 (FEI number, if applicable)						
4. 1/26/12 5. PERPETUAL (Date of Organization) (Duration: Year limited liability company will cease to exist or "bernetual")						
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")						
6 12/1/12						
(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)						
7. 1042 SEA SPRAY AVE						
7. 1042 SEA SPRAY AVE DELRAY BEACH FL 33Y83 (Street Address of Principal Office)						
(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:						
9. The name and usual business addresses of the managing members or managers are as follows: BRUCE SHANDCER TO THE TOTAL PROPERTY OF THE PRO	FILED					
BRUCE SHANDLER TO 55 1042 SEA SPRAY AVE 55 DEZRAY BEACH FL 33483						
DEZRAY BEACH FL 33483						
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:						
OWNERSHIP OF ATM BUSINESS						
OWNERSHIP OF ATM BUSINESS						
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.)						
BRUCE SHANDLER						

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:	
	JC MATGARTAY	
If unavailable, t	he alternate to be used in the state of Florida is:	
2. The name an	nd the Florida street address of the registered agent and office are:	APFINA ARD FILEI 12 NOV 16 F SECINE TARY TALLAHASSE
	BRUCE SHANDLER (Name)	SSE TO THE SECOND
•	1042 SEA SFRAY AVE Florida Street Address (P.O. Box NOT ACCEPTABLE)	PH 5: 40
	DELRAY BEACH FL 33483.	

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.

City/State/Zip

(Signature)

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

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "JC MATGARTAY, LLC" IS DULY FORMED

UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING

AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE

SHOW, AS OF THE SIXTEENTH DAY OF NOVEMBER, A.D. 2012.

5101268 8300

121237989

Jeffrey W. Bullock, Secretary of State

AUTHENTY CATION: 9993392

DATE: 11-16-12

You may verify this certificate online at corp.delaware.gov/authver.shtml