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COVER LETTER

ro:	Registration Section Division of Corporations				
SUBJE		raphics, LLC			
	N	ame of Limited Liability Company			
The end Existen	closed "Application by Foreign Limited Lic ce, and check are submitted to register the	ability Company for Authorization to Tra above referenced foreign limited liability	ansact Business in Florida," Certificate of y company to transact business in Florida		
Please	return all correspondence concerning this n	natter to the following:			
	Deborah Segnan				
		Name of Person			
	Giordano, Haller	an & Ciesla, P.C.			
		Firm/Company			
	125 Half Mile Ro	oad, Suite 300			
		Address			
	Red Bank, New Je	ersey 07701			
		City/State and Zip Code			
	jhartnett@beacongra E-mail address:	aphics.com (to be used for future annual report noti	fication)		
For fur	ther information concerning this matter, ple	ease call:			
	Deborah Segnan	at (732) 741-	-3900		
	Name of Person	Area Code & Daytime Telephone	e Number		
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			
Enclo	sed is a check for the following amo □ \$125.00 Filing Fee □ \$130.00 Fil Certificate	ing Fee & 🔼 \$155.00 Filing Fee &	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy		

GIORDANO, HALLERAN & CIESLA

A PROFESSIONAL CORPORATION ATTORNEYS AT LAW

DEBORAH W. SEGNAN PARALEGAL dsegnan@ghclaw.com

(732) 741-3900 FAX: (732) 224-6599

www.ghclaw.com

December 17, 2012

Client/Matter No. 15934-0006

VIA FEDERAL EXPRESS

Florida Department of State Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

RE:

Filing of Application by Foreign Limited Liability Company for Authorization to

Transact Business

Dear Sir or Madam:

Enclosed please find the Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida for **Beacon Graphics**, **LLC**, a New Jersey limited liability company (the "Application") and Designation of Registered Agent. Also enclosed please find a Certificate of Good Standing for Beacon Graphics, LLC issued by the New Jersey Department of Treasury. In addition, please find our check in the amount of \$155.00 which represents the filing fee. Kindly provide us with a certified copy of the Application and forward to my attention at:

Deborah Segnan Giordano, Halleran & Ciesla, P.C. 125 Half Mile Road, Suite 300 Red Bank, New Jersey 07701

If you have any questions, please contact me at (732) 741-3900. Thank you.

Very truly yours,

DEBORAH W. SEGNAN

Enclosures

cc: Patrick S. Convery, Esq.

Docs #1169930-v1

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 BLISINESS IN THE STATE OF FLORIDA:

i Beacon Graph	PANYTOTRANSACT BUSINESS IN THE STATE OF FLORIDA: 1CS, LLC Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
	r alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written r managing members adopting the alternate name. The alternate name must include "Limited Liability C.")
New Jersey (Jurisdiction under the leading of the l	3. 26-1123301 aw of which foreign limited liability (FEI number, if applicable)
September 11, (Date of	2007 Organization) 5. Percetual (Duration: Year limited liability company will cease to exist or "perpetual")
July 19	, 2012 (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)
. 189 Meister A	venue, Branchburg, NJ 07935 (Street Address of Principal Office)
	(Street Address of Principal Office)
. If limited liability of	
	sompany is a manager-managed company, check here \(\subseteq \) is a manager-managed company, check here \(\subseteq \) is a manager and a manager are as follows:
	nagement, LLC, Manager e Road, P.O. Box 58
Green Village	·
e jurisdiction under the last enstation of the certificate	certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in w of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a under oath of the translator must be submitted.)
	s or purposes to be conducted or promoted in Florida: Sale of sign-making
materials and	supplies
;	Signature of a member or an authorized representative of a member,
(In accordan penalties of	rice with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the formation submitted in a to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)
	James Hartnett
•	Typed or printed name of signee James Hartnett, President and Sole Member of Maple Leaf Management, LLC

Manager of Beacon Graphics, LLC

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.

	the Limited Liability Comp Graphics, LLC	any is:			
If unavailable, t	the alternate to be used in the	state of Florida	is:		
2. The name ar	nd the Florida street address of	of the registered	agent and office are:	1984 P. S.	
	Janette Madrigal				
		(Name)			
	6557 Garden Road, Suite 3				
Florida Street Address (P.O. Box NOT ACCEPTABLE)					
	Riviera Beach	FL	33404-6307		
		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, Floridu 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 THE TREASURY DIVISION OF REVENUE AND ENTERPRISE SERVICES

BEACON GRAPHICS, LLC

0600308711

With the Previous or Alternate Name

BEACON GRAPHIC SYSTEMS (Alternate Name)

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 September 11, 2007.

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:

James Hartnett 189 Meister Avenue Branchburg, NJ 07935

THE STATE OF THE S

Certification# 126850008

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 18th day of December, 2012

As a.

Andrew P Sidamon-Eristoff
State Treasurer

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