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#### **COVER LETTER**

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For further infor	mation concerning	ng this matter, plea	se call:					
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	Name	of Person	Area	a Code & Daytime T	elephone	Number		
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Enclosed is a	check for the 5.00 Filing Fee	following amou \$130.00 Filin Certificate of	g Fee &	□ \$155.00 Filing Certified Cop			Filing Fee, Cers & Certified C	



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SEUNETARY OF STATE TALLAHASSEE, FLORIBA

October 3, 2013

RONALD NEWMAN RONALD D NEWMAN LLC 211 FRIENDSHIP RD SOUTHAMPTON, NJ 08088

SUBJECT: RONALD D. NEWMAN LLC

Ref. Number: W13000055121

We have received your document for RONALD D. NEWMAN LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The entity's period of duration must be listed on the application. Please insert the word "perpetual", if a specific date of dissolution or term of existence has not been specified.

The document must contain the name, title, and business address of each managing member or manager who will manage the foreign limited liability company in the state of Florida. Please insert "MGRM" in the title portion for each managing member and "MGR" in the title portion for each manager.

Please return the corrected original and one copy of 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.

Tammy Hampton
Regulatory Specialist III
Registration/Qualification Section

Letter Number: 513A00023291

### 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 HABILITY 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. NJ 37-1567742
2. (Jurisdiction under the law of which foreign limited liability company is organized)  3. (FEI number, if applicable)
4 5/21/2006 , Perpetual
4. (Date of Organization)  (Duration: Year limited liability company will cease to
exist or "perpetual")
6. 4\25\\>
(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)
7. 370 CORAL TRACE LANCE SE = F
DelRAY BEACH, FL, 33445 = 1
(Street Address of Principal Office)
8. If limited liability company is a manager managed company, check have
8. If limited liability company is a manager-managed company, check here
9. The name and usual susiness addresses of the managing members or managers are as follows:
Konald D. Newman
370 CORAL TRACE LANC
Deleay Beach, FL, 33445
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:
INTERNOR DECORATOR
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

## 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:
Demond D. Newman 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:
Karald Newman
Florida Street Address (P.O. Box NOT ACCEPTABLE)
Deleay FL 33445
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 \$ 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 SHORT FORM STANDING

#### RONALD D. NEWMAN LIMITED LIABILITY COMPANY

0400232918

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 May 21, 2008.

As of the date of this certificate, said business continues as an active business in the State of New Jersey. Annual Reports are outstanding for the following year(s):

2012 2013

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

Ronald D. Newman 211 Friendship Road Southampton, NJ 08088

Certification# 129753610

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 1st day of October, 2013

Andrew P Sidamon-Eristoff
State Treasurer

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