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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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### **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: Castle Enterprises NFR Limited Liability Company		
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida		
Please return all correspondence concerning this matter to the following:		
Brenda Sali		
Name of Person		
Blue Ribbon Management		
Firm/Company		
P.O. BOX 421081		
Address		
KISSIMMEL, Flanda 34748-1081 City/State and Zip Code		
brenda @ blienban management. com.		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Brenda Sali 407, 744-4489 =		
Name of Person Area Code & Daytime Telephone Number		
MAILING ADDRESS: STREET ADDRESS:		
Division of Corporations Division of Corporations		
Registration Section Registration Section P.O. Box 6327 Clifton Building		
Tallahassee, FL 32314  2661 Executive Center Circle Tallahassee, FL 32301		
Enclosed is a check for the following amount:		
☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & ☐ \$155.00 Filing Fee & ☐ \$160.00 Filing Fee, Certificate  Certificate of Status Certified Copy of Status & Certified Copy		

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

TRAINSACT BOSITESS IN FOOTBOX
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:
1. Castle Enterprises NFR Limited Liability Company, must include "Limited Liability Company," "LLC.," 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. New Dersey (Jurisdiction under the law of which foreign limited liability company is organized)  3. 32-0271022 (FEI number, if applicable)
4. January 10, 2009  (Date of Organization)  5. <u>perpetual</u> (Duration: Year limited liability company will cease to exist or "perpetual")
6
(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)
7. 1500 Rate 47
Rio Grande, NJ 08242 (Street Address of Principal Office)
8. If limited liability company is a manager-managed company, check here 2  9. The name and usual business addresses of the managing members or managers are as follows:
Nancy Nickels, P.O. Box 698, Cape Hay Court House, NJ OB210 30698
Ricky Nickels, P.O. Box 698, Cape May Court House, N.J. 08210-0698
Fanny Nickels, P.O. Box 698, Cape May Court House, NJ 08210-0698
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: all and and legal 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 penaltics 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.)
- Nancy Nickels
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.

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.	1. The name of the Limited Liability Company is:
2. The name and the Florida street address of the registered agent and office are:  Namy Nickls (Name)  1906 Gyen Sede Diversion of Not Acceptable)  Florida Street Address (P.O. Box NOT ACCEPTABLE)  Kishmall, Fl. 34746  City/State/Zip  Having been named as registered agent and to accept service of process for the above stated limited tiability 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.	Castle Enterprises NFR Limited Liability Company
Nancy Nickels  [Name]  1906 Gyen Side Drive  Florida Street Address (P.O. Box NOT ACCEPTABLE)  KISHMMLL, FL, 34746  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.	If unavailable, the alternate to be used in the state of Florida is:  Brenda Sali —
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.	2. The name and the Florida street address of the registered agent and office are:
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.	Nancy Nickels
Florida Street Address (P.O. Box NOT ACCEPTABLE)  KISHMML, FI. 34746  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.	(Name)
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.	
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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
(Simple)	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
(Signature)	(Signature)

\$ 100.00

\$ 25.00

\$ 30.00 \$ 5.00 Filing Fee for Application Designation of Registered Agent

Certified Copy (optional)

Certificate of Status (optional)

# STATE OF NEW JERSEY DEPARTMENT OF THE TREASURY DIVISION OF REVENUE AND ENTERPRISE SERVICES SHORT FORM STANDING

#### CASTLE ENTERPRISES NFR LIMITED LIABILITY COMPANY

0400265975

With the Previous or Alternate Name

### PRIMO HOAGIES (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 January 10, 2009.

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):

2013

I further certify that the registered agent and registered office are

Nancy Nickels 3500 Boardwalk Wildwood, NJ 08260



Certification# 129836214

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 9th day of October, 2013

Andrew P Sidamon-Eristoff
State Treasurer

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