## MB000007332

(Requestor's Name)	_			
(Address)	_			
(Address)	_			
(City/State/Zip/Phone #)	_			
PICK-UP WAIT MAIL				
(Business Entity Name)	_			
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:	٦			

Office Use Only



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SECRETARY OF STATE TALLAHASSEE, FLORIDA FILED

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CR2E027 (9/10)

#### **COVER LETTER**

TO:	Registration Section
	Division of Corporations

MaxVantage, LLC Name of 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:
Robyn Trimmer
Name of Person
MaxVantage, LLC
Firm/Company
606 Main Street
Address
Belmar, NJ 07719
City/State and Zip Code
robyn@maxvantageamc.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Robyn Trimmer 732 556-4000
Name of Person Area Code & Daytime Telephone Number
MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301
Enclosed is a check for the following amount:  \$\Begin{align*} \Begin{align*} \Be



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SECRETARY OF STATE TALLAHASSEE, FLORIÐA

November 5, 2013

ROBYN TRIMMER 606 MAIN ST BELMAR, NJ 07719

SUBJECT: MAXVANTAGE LLC Ref. Number: W13000061475

We have received your document for MAXVANTAGE 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.

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: 813A00025763

## 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 BUSINESS IN THE STATE OF FLORIDA:

IMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:	
MaxVantage, 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 consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liabili Company," "L.L.C," "LLC.")	
New Jersey 3, 26-4235217	
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)	-
<sub>5</sub> 02/2009 <sub>5</sub> Perpetual	
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")	-
, NA	
(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)	_
606 Main Street, Belmar, NJ 07719	
	71
(Street Address of Principal Office)	
3. If limited liability company is a manager-managed company, check here	H
The name and usual business addresses of the managing members or managers are as follows:	O
Robyn Trimmer- 606 Main St., Belmar, NJ 07719	_
Mark Trimmer- 606 Main St., Belmar, NJ 07719	
	-
0. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of repurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a ranslation of the certificate under eath of the translator must be submitted.)	
Nature of business or purposes to be conducted or promoted in Florida:	_
Appraisal Management Company	
Robyn Tunner Signature of a mambar are on outhorized consecretative of a mambar	
signature of a member of 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.)	

Robyn Trimmer

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 MaxVantag	Limited Liability Comp e, LLC	any is:	
If unavailable, the al	ternate to be used in the	e state of Florida is:	
2. The name and the	: Florida street address o	of the registered agent and office are:	
În	corporating Se	ervices, Ltd.	
		(Name)	-
15	540 Glenway [	Orive	
Florida Street Address (P.O. Box NOT ACCEPTABLE)			
Та	llahassee	<sub>FL</sub> 32301	
		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.

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional) \$ 5.00 Certificate of Status (optional) OI3 HOV 19 AMII: 25

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

#### **MAXVANTAGE LLC**

0400271152

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 February 11, 2009.

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:

Robyn Trimmer 606 Main Street Belmar, NJ 07719 2702

CREAT SHALL GREAT SO STATE SHALL SHA

Certification# 130020176

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 28th 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