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

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CRETARY OF STATE

FEB 1 2 2013
T. HAMPTON



ACCOUNT NO. : I2000000195 REFERENCE: 010245 4306525 AUTHORIZATION : COST LIMIT : \$ 125 ORDER DATE: February 11, 2014 ORDER TIME : 9:51 AM ORDER NO. : 010245-005 CUSTOMER NO: 4306525 FOREIGN FILINGS NAME: JOSEPH A COMPANY LLC XXXX QUALIFICATION (TYPE: LL) PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING

EXAMINER:

CONTACT PERSON: Susie Knight -- EXT# 52956

COVER LETTER

	gistration Section vision of Corporations		
SUBJECT:	Joseph A Company	LLC	
		Name of Limited Liability Company	
		eign Limited Liability Company for Authorization to Transact Business in Florida," Color to register the above referenced foreign limited liability company to transact business	
Please return	n all correspondence con	oncerning this matter to the following:	
	Michael Goldsmi	aith	
		Name of Person	
	Sills Cummis & C	Gross P.C.	
		Firm/Company	
	30 Rockefeller P	Plaza	
		Address	
	New York, NY 10	0112	
		City/State and Zip Code	
	mgoldsmith@sills	scummis.com	
	Ê	E-mail address: (to be used for future annual report notification)	
For further i	information concerning t	this matter, please call:	
Mi	chael Goldsmith	at (212) 500-1568	
	Name of	f Person Area Code Daytime Telephone Number	
Div Re _i P.C	AILING ADDRESS: vision of Corporations gistration Section D. Box 6327 Ilahassee, FL 32314	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	
	is a check for the fol \$125.00 Filing Fee [ollowing amount: \$\Bigcup \\$130.00 \text{ Filing Fee & } \Bigcup \\$155.00 \text{ Filing Fee & } \Bigcup \\$160.00 \text{ Filing Fee, Cert} \text{ Certified Copy } \text{ of Status & Certified Copy } of S	

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS. IN THE STATE OF FLORIDA:

	eph A Company LLC
1(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
consent	e unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability my," "L.L.C," "LLC.")
2. Dela	ware 3. 26-1914322
(Juris	sdiction under the law of which foreign limited liability (FEI number, if applicable) spany is organized)
4	
	(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
5 99	Hook Road, #5
	yonne, NJ 07002
	(Street Address of Principal Office)
6. <u>99 l</u>	Hook Road, #5
Bay	/onne, NJ 07002
	(Mailing Address) アン・ロー・
7. Th	ne name, title or capacity and address of the person(s) who has/have authority to manage is/are:
	h Tharani, Managing Member
99 Ho	ok Road, #5
Bayor	nne, NJ 07002
in the ju	sched is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records arisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a ion of the certificate under oath of the translator must be submitted.) Signature of an authorized person (In accordance with section 605.0203, 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.) Haresh Tharani
	Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), 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 nai	me of the Limited Liability Comp	any is:	
Joseph A (Company LLC		
If unavaila	able, the alternate to be used in the	e state of Florida is:	
2. The nar	me and the Florida street address	of the registered agent and office are:	2014 FEB SECRETA TALLAHA
	Corporation Service Compan	У,	一 一
		(Name)	— SER T
	1201 Hays Street		AH 9: 37
	Florida Street Ado	dress (P.O. Box NOT ACCEPTABLE)	85 31
,	Tallahassee	FL 32301	<i>></i>
		City/State/Zip	
liability cor registered a statutes rel	mpany at the place designated in t agent and agree to act in this capo lating to the proper and complete p	to accept service of process for the abo his certificate, I hereby accept the appo ncity. I further agree to comply with the performance of my dyties, and I am fan stered agent as provided for in Chapter	ointment as e provisions of all niliar with and - 605, Florida Harry R. Davis
	\$ 100.00 \$ 25.00 \$ 30.00	Filing Fee for Application Designation of Registered Agent Certified Copy (optional)	Asst. Vice President

Delaware

PACE 1

The First State

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

DELAWARE, DO HEREBY CERTIFY "JOSEPH A COMPANY 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 TENTH DAY OF FEBRUARY, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "JOSEPH A COMPANY LLC" WAS FORMED ON THE THIRTIETH DAY OF JANUARY, A.D. 2008.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

4497222 8300

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Jeffrey W Bullock, Secretary of State

AUTHENTY CATION: 1123762

DATE: 02-10-14

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