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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

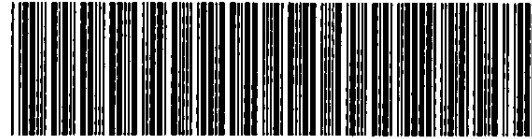
(Document Number)

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W14-18280

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B. BOSTICK

MAR 25 2014

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Princeton Absolute Returns, 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:

Raymond Galkowski

Name of Person

Princeton Absolute Returns, LLC

Firm/Company

433 Plaza Real ; Suite 275

Address

Boca Raton, FL 33432

City/State and Zip Code

Ray@PAR-LLC.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ray Galkowski

Name of Contact Person

at (561) 962-4167

Area Code

Daytime Telephone 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

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy ☒ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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

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

1. Princeton Absolute Returns Limited Liability Company

(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. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC")

2. Wyoming

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 20-0362409

(FLL number, if applicable)

4. Expected 4-1-14

(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 433 Plaza Real; Suite 275

Boca Raton, FL 33432

(Street Address of Principal Office)

6.

(Mailing Address)

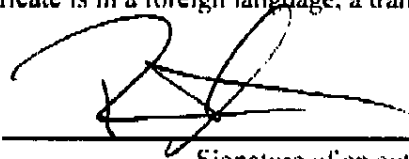
7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Raymond Galkowski, Authorized Member

433 Plaza Real; Suite 275

Boca Raton, FL 33432

8. 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)



Signature of an authorized person

(In accordance with section 605.0281, 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 § 817.155, F.S.)

Raymond Galkowski

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 name of the Limited Liability Company is:

Princeton Absolute Returns Limited Liability Company

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:

Raymond Galkowski

(Name)

433 Plaza Real; Suite 275

Florida Street Address (P.O. Box NOT ACCEPTABLE)

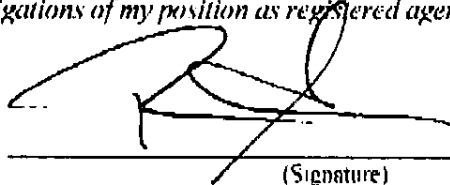
Boca Raton,

FL

33432

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 605, 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)

2014 MAR 24 PM 12:51
MAR 25 2014 10:35 FROM: PHR LLC
P.3/3

STATE OF WYOMING
Office of the Secretary of State

I, MAX MAXFIELD, Secretary of State of the State of Wyoming, do hereby certify that

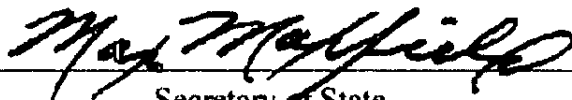
Princeton Absolute Returns Limited Liability Company

a limited liability company originally organized under the laws of New Jersey on September 25, 2003, did on January 27, 2013, apply for a Certificate of Organization and filed Articles of Continuance in the office of the Secretary of State of Wyoming.

I FURTHER CERTIFY that this limited liability company has renounced its state or country of organization, and is now organized under the laws of the state of Wyoming is in good standing as of the date of this certificate.

I have affixed hereto the Great Seal of the State of Wyoming and duly executed this official certificate at Cheyenne, Wyoming on this Friday, March 14, 2014.





Secretary of State

By: _____ Whitney Harmon _____

FILED
2014 MAR 24 P 12:51
CLERK OF THE SECRETARY OF STATE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 21, 2014

RAYMOND GALKOWSKI
433 PLAZA REAL
SUITE 275
BOCA RATON, FL 33432

SUBJECT: PRINCETON ABSOLUTE RETURNS LIMITED LIABILITY
COMPANY
Ref. Number: W14000018280

We have received your document for PRINCETON ABSOLUTE RETURNS LIMITED LIABILITY COMPANY and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name listed in number one of the application must be identical to the name listed in the certificate of existence.

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

Please list the name of the Registered Agent.,

Please return 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.

Barbara Bostick
Regulatory Specialist II

Letter Number: 314A00006189