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SECNETARY OF STATE

K. SALY EXAMINER

JUL 2 1 2014

COVER LETTER

TO:

Registration Section **Division of Corporations**

Burton Associates Consulting, 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 co	oncerning this mat	ter to the f	ollowing:			
	Robert	Ferri, Es	q.				
			Nar	ne of Person			_
	Porzio, Bromberg & Newman, PC						
			Fire	n/Company			_
	100 Sou	uthgate F	² arkv	vay			
				Address			_
	Morristown, NJ 07960						
			City/Sta	te and Zip Code			_
	rferri@p	bnlaw.co					
		E-mail address:	(to be used	for future annual repo	ort notificati	on)	
For further infor	mation concerning	this matter, pleas	e call:				
Robert Ferri		_{at (} 973) 8			89-4094		
	Name of Contact Person			Area Code	Dayti	me Telephone Number	_
Divisio Registr P.O. Bo	ING ADDRESS: on of Corporations ration Section ox 6327 assec, FL 32314		Division Registrat Clifton E 2661 Exc	f ADDRESS: of Corporations ion Section tuilding ecutive Center Circ see, FL 32301	le		
	check for the fo	ollowing amound \$130.00 Filing Certificate of	g Fee &	□ \$155.00 Filing Certified Copy		□ \$160.00 Filing Fce. of Status & Certifie	

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

IN COMPITANCE WITH SECTION OCHAIZ, PIDRIDA STATUTES, THE POLITIMING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:
Printer Associates Consisting ILC
(Name of Foreign Limited Liability Company: must include "Limited Liability Company," "L.L.C." of "LLC.")
(If name unavailable, enter alternate mane adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C." or "LLC.")
2. New Jet Set 3. (Jurisdiction under the law of which foreign limited liability company is organized) (Fill number, if applicable)
. ,
(Date first transacted business in Florida, if prior to registration.) (See sections 605,0904 & 605,0905, F.S. to determine penalty liability)
5. 4005 Indian River Drive
Vere Beach, Fl 30963 The Milless of Principal Office)
6 Hos Indian Rux Drive
Vero Beach, Flood (Mailing Address)
7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:
Grahan Rurbon MD "MGR"
4005 Indian River Prive
Vero Beach, Fl 38963
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)
assure.
Signature of an authorized person
In accordance with section 605,0203, F.S., the execution of this document constitutes an all mustion under the ponalities of perjury that the facts stated herein are true an aware that my false information submitted in a document to the Department of State constitutes a third degree felony as provided for in \$817,155, F.S.)
GRAHAM HENRY BURTON
Typed or printed name of signee

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: 1. The name of the Limited Liability Company is: 1. The name of the Limited Liability Company is: 1. The name of the Limited Liability Company is: 1. The name of the Limited Liability Company is: 1. The name of the Limited Liability Company is: 1. The name of the Limited Liability Company is: 1. The name of the Limited Liability Company is: 1. The name of the Limited Liability Company is: 1. The name of the Limited Liability Company is: 1. The name of the Limited Liability Company is:
2. The name and the Florida street address of the registered agent and office are: Graham Burton MD
HOOS Indian River Drive 35 6
Wero Reach FL 32963 City/State/Zip
Having been named as registered agent and to accept service of process for the above stated limited

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)

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

BURTON ASSOCIATES CONSULTING, LLC

0400601119

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 September 16, 2013.

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:

Graham Burton 45 Gaitway Drive Skillman, NJ 08558 2243

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Certification# 132620534

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 19th day of June, 2014

Andrew P Sidamon-Eristoff State Treasurer

Verify this certificate at https://www1.state.nj.us/TYTR StandingCert/JSP/Verify Cert.jsp