

M14000008308

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

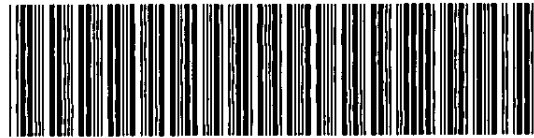
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TAMPA, FLORIDA

NOV 18 2014  
J. BRUCE



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 14, 2014

FLORIDA FILING & SEARCH SERVICES, INC.

SUBJECT: 699 GLOUCESTER ST., L.L.C.  
Ref. Number: W14000068825

We have received your document for 699 GLOUCESTER ST., L.L.C. and the authorization to debit your account in the amount of \$155.00. However, the document has not been filed and is being returned for the following:

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes.

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.

Deborah Bruce  
Regulatory Specialist II

Letter Number: 814A00024271

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TALLAHASSEE, FLORIDA

**FLORIDA FILING & SEARCH SERVICES, INC.**

**P.O. BOX 10662 TALLAHASSEE, FL 32302**

**155 Office Plaza Dr Ste A Tallahassee FL 32301**

**PHONE: (800) 435-9371; FAX: (866) 860-8395**

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**DATE: 11/17/14**

**NAME: 699 GLOYCHESTER ST., LLC**

**TYPE OF FILING: APPLICATION**

**COST: 155.00**

**RETURN: CERTIFIED COPY PLEASE**

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**ACCOUNT: FCA000000015**

**AUTHORIZATION: ABBIE/PAUL HODGE**

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2014 NOV 13 AM 10:50  
CLERK OF COURT  
TALLAHASSEE, FLORIDA

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY  
FOR AUTHORIZATION TO TRANSACT BUSINESS IN THE STATE OF  
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:*

**ARTICLE I** - The name of the Foreign Limited Liability company is:

699 GLOUCESTER ST., L.L.C.

**ARTICLE II** - The Jurisdiction under the law of which the foreign limited liability company is organized is: New Jersey.

**ARTICLE III** - The date of organization: May 27, 2014.

**ARTICLE IV** - Duration will be perpetual.

**ARTICLE V** - Date the limited liability company will begin business: upon filing

**ARTICLE VI - ADDRESS**

The mailing address and street address of the principal office of the Limited Liability Company is

Principal Office Address

5 Daniel Road  
Fairfield, NJ 07004

Mailing Address

5 Daniel Road  
Fairfield, NJ 07004

**ARTICLE VII** - Registered Agent, Registered Office & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

Joseph Fleming, Esq.  
11891 US Highway One, Suite 100  
North Palm Beach, FL 33408

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, F.S.

✓   
Registered Agent's Signature (REQUIRED)

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**ARTICLE VIII - Manager(s) or Managing Member(s)**

The name and address of each Manager or Managing Member is as follows:

| <u>Title</u> | <u>Name and Address</u> |
|--------------|-------------------------|
|--------------|-------------------------|

|                 |  |
|-----------------|--|
| "MGR" - Manager |  |
|-----------------|--|


|                         |  |
|-------------------------|--|
| "MGRM" -Managing Member |  |
|-------------------------|--|

|      |  |
|------|--|
| MGRM |  |
|------|--|


|   |
|---|
| Brian Trematore<br>5 Daniel Road<br>Fairfield, NJ 07004 |
|---|

**ARTICLE IX - Effective date if other than the date of filing (optional)**

**ARTICLE X - REQUIRED SIGNATURE:**

  
\_\_\_\_\_  
signature of a member or an authorized representative of a member

(In accordance with section 605.0203, Florida Statutes, 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.)

✓   
\_\_\_\_\_  
Brian Trematore, Managing Member

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2014 NOV 13 AM 10:50  
DEPARTMENT OF STATE  
TALLAHASSEE FLORIDA

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

**699 GLOUCESTER ST., L.L.C.**

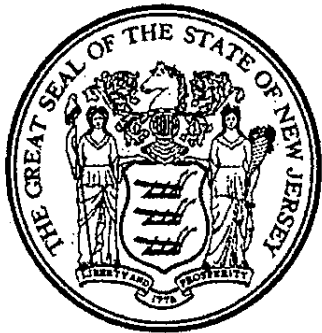
0400661791

*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 May 27, 2014.*

*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:*

**Brian Trematore  
5 Daniel Road  
Fairfield, NJ 07004**



Certification# 134177609

*IN TESTIMONY WHEREOF, I have  
hereunto set my hand and affixed my  
Official Seal at Trenton, this  
12th day of November, 2014*

A handwritten signature in black ink, appearing to read "Andrew P. Sidamon-Eristoff".

**Andrew P Sidamon-Eristoff  
State Treasurer**

Verify this certificate at  
[https://www1.state.nj.us/TYTR\\_StandingCert/JSP/Verify\\_Cert.jsp](https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp)

STATE OF NEW JERSEY  
DEPARTMENT OF TREASURY  
DIVISION OF REVENUE AND ENTERPRISE SERVICES

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