M15000004086

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MAY 2 6 2015 J SHIVERS



FLORIDA DEPARTMENT OF STATE Division of Corporations

May 7, 2015

JOHN NELSON JR 606 PEMBERTON BLVD BROWN MILLS, NJ 08015

SUBJECT: PEACOCK SERVICES LLC

Ref. Number: W15000032378

We have received your document for PEACOCK SERVICES LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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.

Letter Number: 715A00009517

Justin M Shivers Regulatory Specialist II Registration/Qualification Section

www.sunbiz.org

COVER LETTER

TO:

TO:	Registration Section Division of Corporation	ns		
SUBJI	ECT: <u>Peace</u>	ock Service Name of	J LLC Limited Liability Company	
				ansact Business in Florida," Certificate of cy company to transact business in Florida
Please	return all correspondence	concerning this matter to the	following:	
		John PN	Uclian 37 ame of Person	
			Scrvices LC	-C
	- · · · · · · · · · · · · · · · · · · ·	006 1EM	Address	
		Brouns N	1113 UJ tate and Zip Code	08015
			acockpride. c	
For fur	ther information concerning			
	John P. Nolly Name	of Contact Person	at (609) 3 Area Code Da	<u> 74-2829</u> ytime Telephone Number
	MAILING ADDRESS Division of Corporation Registration Section P.O. Box 6327 Tallahassee, FL 32314		Division Registrat Clifton F 2661 Ex	r ADDRESS: of Corporations tion Section Building ecutive Center Circle see, FL 32301
Enclos	ed is a check for the follow \$125.00 Filing Fee	ving amount: ☐ \$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 TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FORMANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:	OREKGN I	LIMITEL	O LIABILITY
1. Peacock Services 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. The alternate name Liability Company," "L.L.C," or "LLC.")	must incl	ude "Li	— mited
2. US (Jurisdiction under the law of which foreign limited liability company is organized) 3. 45-11172[2 (FEI number, if applicable)		<u> </u>	_
4(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)			
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 5. 606 Pen Serton Blud			
Brown Milly NJ 08015 (Street Address of Principal Office)			
6. 606 Pemberton Blud			
Brown Mills NJ O8015 (Mailing Address)			
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)			
Name: John & Nolson Jr			
Office Address: 5260 South Landings Drive Und 306			
Fort Myers, (City), Florida 33919 (Zip code)			
(City) (Zip code) Registered agent's acceptance:			
Having been named as registered agent and to accept service of process for the above stated corporation a this application, I hereby accept the appointment as registered agent and agree to act in this capacity. If with the provisions of all statutes relative to the proper and complete performance of my duties, and I am the obligations of my position as registered agent.	erther age	ree to c	omply
(Registered agent's signature)	Ø ≈	22	Tanana,
8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:	Transition of the second		111
John Phelion Tr President 606 Pemberton Blad	37	<u></u>	
Brown Mill, NT 0801		40 -	
9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having conjurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the translator must be submitted) Signature of an authorized person	ustody of the certifi	records	s in the der oath
(In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the facts stated herein are true. I am aware that any false information submitted in a document to the Departm degree felony as provided for in s.817.155, F.S.)	ne penalti ent of Sta	es of po ate cons	erjury that stitutes a third

Typed or printed name of signee

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

PEACOCK SERVICES LLC

0400406990

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 March 25, 2011.

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:

John P Nelson Jr 606 Pemberton Blvd Browns Mills, NJ 08015



Certification# 136315641

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, This.
17th day of May, 2015

Andrew P Sidamon-Eristoff
State Treasurer

- NO 1227

Verify this certificate at https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp