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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

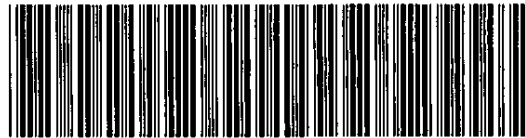
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15 JUN 15 PM 3:43

6-13-15 a

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: IBPNJ Limited Liability Company**

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:

**Adam Trenk, Esq.**

Name of Person

**c/o Rose Law Group pc**

Firm/Company

**7144 E Stetson Drive, Suite 300**

Address

**Scottsdale, AZ 85251**

City/State and Zip Code

**ATrenk@roselawgroup.com**

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

For further information concerning this matter, please call:

**Adam Trenk**

Name of Contact Person

at ( **480** ) **240-5647**

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. **IBPNJ 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. **New Jersey**

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

3. \_\_\_\_\_

(FEI number, if applicable)

4. \_\_\_\_\_

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

5. **376 Main Street, Suite 100**

**Bedminster, NJ 07921**

(Street Address of Principal Office)

6. **376 Main Street, Suite 100**

**Bedminster, NJ 07921**

(Mailing Address)

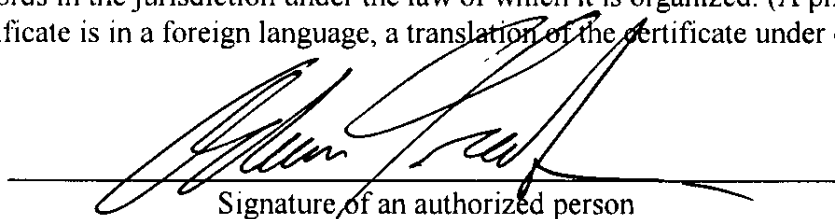
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
15 JUN 15 PM 3:43

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

**Robert Hudson, Managing Member**

**Keith Brothers, Managing Member**

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 605.0203, 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.)

**Adam Trenk**

Typed or printed name of signer

**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:

**IBPNJ 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:

**REGISTERED AGENTS INC.**

(Name)

**3030 N. Rocky Point Dr., STE 150A**

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

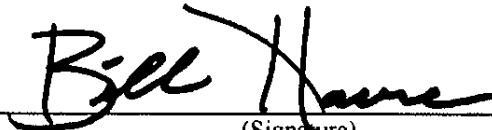
**Tampa**

**FL**

**33607**

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.*



Bill Havre - President

(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**

**IBPNJ LIMITED LIABILITY COMPANY**

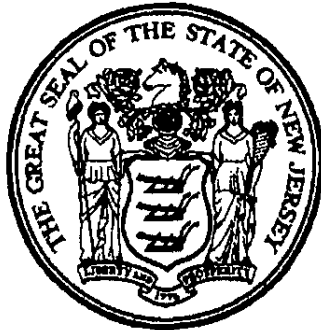
0400732055

*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 16, 2015.*

*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:*

*Robert Hudson  
12 Wolfe Run Court  
Long Valley, NJ 07853*



Certification# 135581108

*IN TESTIMONY WHEREOF, I have  
hereunto set my hand and affixed my  
Official Seal at Trenton, this  
17th day of March, 2015*

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)

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

**CERTIFICATE OF FORMATION**

**IBPNJ LIMITED LIABILITY COMPANY**

0400732055

The above-named DOMESTIC LIMITED LIABILITY COMPANY was duly filed in accordance with New Jersey state law on 03/16/2015 and was assigned identification number 0400732055. Following are the articles that constitute its original certificate.

**1. Name:**

IBPNJ LIMITED LIABILITY COMPANY

**2. Registered Agent:**

ROBERT HUDSON

**3. Registered Office:**

12 WOLFE RUN COURT  
LONG VALLEY, NJ 07853

**4. Business Purpose:**

Financial Services

**5. Members/Managers:**

ROBERT HUDSON  
12 WOLFE RUN COURT  
LONG VALLEY, NJ 07853

KEITH T BROTHERS  
660 WEST MEADOW AVE  
RAHWAY, NJ 07065

**6. Main Business Address:**

376 MAIN STREET  
SUITE 100  
BEDMINSTER, NJ 07921

**Signatures:**

ROBERT P. HUDSON III  
AUTHORIZED REPRESENTATIVE  
KEITH T. BROTHERS  
AUTHORIZED REPRESENTATIVE

*NEW JERSEY DEPARTMENT OF THE TREASURY  
DIVISION OF REVENUE AND ENTERPRISE SERVICES*

***CERTIFICATE OF FORMATION***

***IBPNJ LIMITED LIABILITY COMPANY***

*0400732055*



Certification# 135558414

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)

*IN TESTIMONY WHEREOF, I have  
hereunto set my hand and affixed my  
Official Seal at Trenton, this  
16th day of March, 2015*

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

*Andrew P Sidamon-Eristoff  
State Treasurer*