

Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: INCORP SERVICES INC

Account Number : I20120000007

: (702)866-2500

Fax Number : (702)866-2689

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Foreign Limited Liability Company **EJA Ventures LLC**

Certificate of Status	0	1	15 J	E .
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COVER LETTER

	Registration Section Division of Corporation	15			
SUBJEC	EJA Ventures LL	.c			
COLUMN	,1.	Name of L	imited Liability (Company	
					unsact Business in Florida," Certificate of y company to transact business in Florida
Please re	turn all correspondence o	oncerning this matter to the f	ollowing:		
		Meli	ssa Gubler		
	·····	Na	me of Person		,
		InCorp	Services, Inc	•	
		Fir	т/Сотралу		
		2360 Corpor	ate Circle, Sui	ite 400	
			Address		
		Hender	son, NV 8907	4	
		•	ate and Zip Code		
		•	ports@incorp.		·
		E-mail address: (to be used	for future annual	report not	ification)
For furth	er information concerning	g this matter, please call:			
!	Melissa Gubler on behi	alf of InCorp Serivces, Inc.	702 at (866 - 2	500
	Name o	f Contact Person	Area Code	Day	time Telephone Number
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314			Division Registrat Clifton B 2661 Exe	ADDRESS: of Corporations ion Section utilding cutive Center Circle ice, FL 32301
	is a check for the follow □ \$125.00 Filing Fee	ing amount: 3 \$130.00 Filing Fee & Certificate of Status	■ \$155.00 Filir Certified Copy	ng Fee &	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS

IN COMPLIANCE WITH SECTION 605.0002. FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY

COMPANYTO TRANSACT BE	SINESS INTHE STATE OF FLORIDA:			
1. EJA Ventures LLC			w #FF3700	
(Name of For	eign Limited Liability Company; must include "Limite	ed Liability Company," "L.L.C.	," or "LLC.")	
(If name unavailable, enter al Liability Company," "L.L.C.	ternate name adopted for the purpose of transacting b " or "LLC.")	usiness in Florida. The alternate	name must includ	de "Limited
2. New Jersey	3 .			
company is organized)	of which foreign limited liability	(FEI number, if applie	able)	
4. Upon Registration				
	(Date first transacted business in Florida, if p (See sections 605.0904 & 605.0905, F.S. to det	rior to registration.) crmine penalty liability)		
5. 312 Sweetbriar Co	ourt			
Franklin Lakes, NJ	07417			
	(Street Address of Principal Office)			2 *
6. 312 Sweetbriar Co	urt	 		
Franklin Lakes, NJ	07417			
	(Mailing Address)		—%% %% 28	, •
7. Name and street address	s of Florida registered agent: (P.O. Box NOT a	ecceptable)		
Name:	InCorp Services, Inc.	•	- 15 - 15 - 15 - 15 - 15 - 15 - 15 - 15	{J
	17888 67th Court North			נ
Office Address:			والمراجعة المسترار	•
	Loxahatchee	, Florida 33470		
Registered agent's accep	(City)	(Zip code)	
Having been named as re	gistered agent and to accept service of process j			
	accept the appointment as registered agent and statutes relative to the proper and complete per			
the obligations of my pos			,	•
	Millele	Melissa Gubler o	n behalf of InCo	яр Services, In
	(Registered agent's sign	ature)		
8. The name, title or caps	acity and address of the person(s) who has/have a	uthority to manage is/are:		
Alanna Arenstein 3	12 Sweetbriar Court Franklin Lakes, NJ	07417		
Scott Arenstein 3	12 Sweetbriar Court Franklin Lakes, NJ	07417	<u> </u>	
	·			
9. Attached is a certificate	of existence, no more than 90 days old, duly aut of which it is organized. (If the certificate is in a	henticated by the official have	ing custody of re	ecords in the
of the translator must be si		ioteign imiguage, a naisiam	m or me cerume	ate under dam
	1/19			
•	Signature of an authorized	person		
This document is executed	in accordance with section 605.0203 (1) (b), Fic	rida Statutes. I am aware tha	t any false inform	nation
submitted in a document to	the Department of State constitutes a third degre	e felony as provided for in s	.817.155, F.S.	

Alanna Arenstein

Typed or printed name of signee H15000 182042 3

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

EJA VENTURES LLC

0400690105

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 24, 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:

Alanna Arenstein 312 Sweetbriar Court Franklin Lakes, NJ 07417

THE STATE OF THE S

Certification# 136847401

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 7th day of July, 2015

IN a ROHOUV

Robert A Romano Acting State Treasurer

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

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