M15000007919

(Re	equestor's Name)	
(Ad	dress)	
/Ad	ldress)	
(//u	u(653)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(50	Silicos Elitity Mail	ne,
(Do	cument Number)	
Certified Copies Certificates of Status		
	577 000	
Special Instructions to	Filing Officer:	
		,

Office Use Only



100276290871

08/24/15--01008--027 **130.00



OCT 05 2015

J SHIVERS



August 25, 2015

BENJAMIN KURTZER 20 W LUCERNE CIRCLE APT 701 ORLANDO, FL 32801

SUBJECT: BIG BEN ENTERPRISES, LLC

Ref. Number: W15000056465

We have received your document for BIG BEN ENTERPRISES, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to s.605.0902(1)(e), Florida Statutes, the document must contain the name, title or capacity and address of at least one person who has the authority to manage the foreign limited liability company.

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.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 415A00017901

COVER LETTER

O:	Registration Section Division of Corporations		
UBJE	Big Ben Enterprises, LLC		
,.	Name of Limited Liability Company		
	losed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certifice, and check are submitted to register the above referenced foreign limited liability company to transact business in		
ease r	eturn all correspondence concerning this matter to the following:		
	Benjamin Kurtzer		
	Name of Person		
	Big Ben Enterprises, LLC		
	Firm/Company		
	20 W. Lucerne Circle Apart ment # 701		
	Orlando, FL 32810 3 1801		
	City/State and Zip Code		
	Benjaminkrtz@gmail.com		
	E-mail address: (to be used for future annual report notification)		
or furt	her information concerning this matter, please call:		
	Benjamin Kurtzer 908 405-7391		
	Name of Contact Person Area Code Daytime Telephone Number		
	MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301		
nclose	d is a check for the following amount: \$\Bigsim \frac{1}{2} \\$125.00 \text{ Filing Fee & Certificate of Status} \text{ Certified Copy } \text{ \$\Bigsim \frac{1}{2} \\$160.00 \text{ Filing Fee, Certified Copy} \text{ Certified Copy } \text{ \$\Bigsim \frac{1}{2} \\$160.00 \text{ Filing Fee, Certified Copy} \text{ \$\Bigsim \frac{1}{2} \\$160.00 \text{ Filing Fee, Certified Copy} \text{ \$\Bigsim \frac{1}{2} \\$160.00 \text{ Filing Fee, Certified Copy} \text{ \$\Bigsim \frac{1}{2} \\$160.00 \text{ Filing Fee, Certified Copy} \text{ \$\Bigsim \frac{1}{2} \\$160.00 \text{ Filing Fee, Certified Copy} \text{ \$\Bigsim \frac{1}{2} \\$160.00 \text{ Filing Fee, Certified Copy} \text{ \$\Bigsim \frac{1}{2} \\$160.00 \text{ Filing Fee, Certified Copy} \text{ \$\Bigsim \frac{1}{2} \\$160.00 \text{ Filing Fee, Certified Copy} \text{ \$\Bigsim \frac{1}{2} \\$160.00 \text{ Filing Fee, Certified Copy} \text{ \$\Bigsim \frac{1}{2} \\$160.00 \$\Bigsim \f		

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

IN COMPLIANCE WITH SECTION 605.0002. FLORIDA STATUTES THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: 1. Big Ben Enterprises 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 basiness in Florida. The alternate name must include "Limited Liability Company," "L.L.C," or "LLC,") 2.
(Date first transacted business in Florida, if prior to registration.) (See sections 605,0904 & 605,0905, F.S. to determine penalty liability) 5.
Office Address: Dr and 0 Florida 3 80 (City) (City) (Zip code) Registered agent's acceptance: 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 application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to complywith the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent. (Registered agent's signature)
8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Benjamin Kurtzer, Mgr., 20 W Lucerne Cir Apt 70 Orlando, FL, 32801
9. Attached is a 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. Highe certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted) Signature of an authorized person
This document is executed in accordance with section 605.0203 (1) (b). Florida Statutes, 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. Renjdmin Kurtzer Typed or printed name of signce

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

BIG BEN ENTERPRISES, LLC

0450006602

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 July 27, 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:

Benjamin Kurtzer 18 Pinecrest Dr. Bayville, NJ 08721

> IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 18th day of August, 2015

> > Va. Romano



Certification# 137099083

Robert A Romano Acting State Treasurer

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