# M15000010262

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# **COVER LETTER**

TO:	Registration Section Division of Corporations			
SUBJE	DEA ENTERPRISES, LLC			
COBOL	Name of Limited Liability Company			
The enc Existence	osed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of e, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida			
Please r	turn all correspondence concerning this matter to the following:			
	AARON GOLDSTEIN			
	Name of Person			
	AARON GOLDSTEIN, CPA			
Firm/Company				
	11 SHERRI DRIVE			
	Address			
	MANALAPAN, NJ 07726			
	City/State and Zip Code			
	TEFILLIN@OPTONLINE,NET			
	E-mail address: (to be used for future annual report notification)			
For furtl	er information concerning this matter, please call:			
	AARON GOLDSTEIN, CPA 732 617-7004 at (			
	Name of Contact Person 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			
Enclose	is a check for the following amount:  \$\Boxed{\Boxesian}\$\$ \$125.00 \text{ Filing Fee}  \Boxed{\Boxesian}\$\$ \$\$130.00 \text{ Filing Fee}  \Boxed{\Boxesian}\$\$\$ \$\$\$ \$\$155.00 \text{ Filing Fee}  \Boxed{\Boxesian}\$\$\$\$ \$\$\$\$ \$\$\$\$ \$\$\$\$ \$\$\$ \$\$\$\$ \$\$\$\$ \$\$\$			



# FLORIDA DEPARTMENT OF STATE Division of Corporations

December 4, 2015

AARON GOLDSTEIN 11 SHERRI DRIVE MANALAPAN, NJ 07726 US

SUBJECT: DEA ENTERPRISES, LLC

Ref. Number: W15000078533

We have received your document for DEA ENTERPRISES, LLC. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$125.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), AuthorizedPerson (AP), or Authorized Representative (AR).

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.

Yasemin Y Sulker Regulatory Specialist II

Letter Number: 015A0002546

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# 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 FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

DEA ENTERPRISES,		t include "Limited Liability Company," "L.L.C.," or '	arc a
(Name of Fore	eigh Emmed Etability Company; mus	a include Limited Liability Company, L.L.C., or	DEC. )
If name unavailable, enter al		of transacting business in Florida. The alternate nam	e must include "Limited
NEW JERSEY	or Erc. )	<sub>3</sub> 46-3348167	
(Jurisdiction under the law	of which foreign limited liability	(FEI number, if applicable)	<u></u>
company is organized)			
	(Date first transacted busines	ss in Florida, if prior to registration.)	-
		ss in Florida, if prior to registration.) 0905, F.S. to determine penalty liability)	
43 COUNTY ROAD 5	537 WEST		-
COLTS NECK, NJ 07	722		
	(Street Address of P	rincipal Office)	- Fi <b>5</b>
43 COUNTY ROAD 5	37 WEST		<del></del>
COLTS NECK, NJ 07	722		DEC 2
302.3 H20R, 110 07	(Mailing A	Address)	- SS 23
Name and street address	ss of Florida registered agent: (P.C		
. Name and street address	ERIC CASABURI	O. Box NOT acceptable;	္ကြင္း မွာ 💟
Name:	ERIC CASABURI		32 03
Office Address:	10215 MOREY COURT		>
	ORLANDO	, Florida 32836-4103	
	(City)	(Zip code)	
esignated in this applica	tion, I hereby accept the appoints ons of all statutes relative to the population as registered agent.	ice of process for the above stated limited liabil ment as registered agent and agree to act in thi. proper and complete performance of my duties, ared agent's signature)	s capacity. I further agree
	(Registe	red agent s spudature)	
		who has/have authority to manage is/are:	
ERIC CASABURI,	nember		<del></del>
0215 MOREY COURT			
ORLANDO, FL 32836-4	103		
	of which it is organized. (If the ce ubmitted) IN ⊃⊏	ys old, duly authenticated by the official having of trifficate is in a foreign language, a translation of of an authorized person	
This document is executed	I in accordance with section 605.0	203 (1) (b), Florida Statutes. I am aware that any	false information
		tes a third degree felony as provided for in s.817.	

Typed or printed name of signee

ERIC CASABURI

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



#### DEA ENTERPRISES LLC

0400592346

With the Previous or Alternate Name

# RETROFITNESS OF WEST ORANGE (Alternate Name)

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 August 6, 2013.

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:

Eric Casaburi 43 County Road 537 West Colts Neck, NJ 07722



Certification# 137695797

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 24th day of November, 2015

OM Buller

Ford M Scudder
Acting State Treasurer

Verify this certificate at https://www1.state.nj.us/TYTR\_StandingCert/JSP/Verify Cert.jsp

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