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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

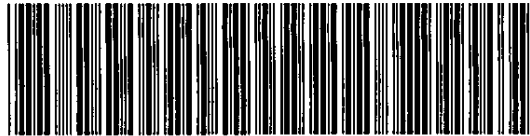
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:  
W15-76982 Cert.

Office Use Only



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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 25, 2015

FRANCISCO CRUZ  
21 ARN TERRACE  
SECAUCUS, NJ 07094

SUBJECT: SIP STREET ASSOC., L.L.C.  
Ref. Number: W15000076982

We have received your document for SIP STREET ASSOC., L.L.C. and your check(s) totaling \$125.00. However, the document has not been filed and is being retained in this office for the following:

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

Please return 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.

Stacey M Mason  
Regulatory Specialist II

Letter Number: 515A00024915

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Sip Street Assoc, L.L.C.  
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:

Francisco Cruz  
Name of Person

\_\_\_\_\_  
Firm/Company

21 Arn Terrace  
Address

USE DORA  
ADDRESS

Secaucus, NJ 07094  
City/State and Zip Code

rcnj@me.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Raudel Cruz at (201) 294-0069  
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

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 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:

1. Sip Street Assoc, L.L.C. (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. 22-3806763 (FEI number, if applicable)

4. 10/21/2015 (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 9737 N.W. 41 Street #817

6. Doral, FL 33178 (Street Address of Principal Office)

6. Same (Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Raudel Cruz Office Address: 9737 N.W. 41 Street #817 Doral, Florida 33178 (City) (Zip code)

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FILED

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 comply with 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.

Raudel Cruz (Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Francisco Cruz, Partner 9737 N.W. 41 Street #817 Doral, FL 33178

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. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

Francisco Cruz 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.

Francisco Cruz Typed or printed name of signee

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

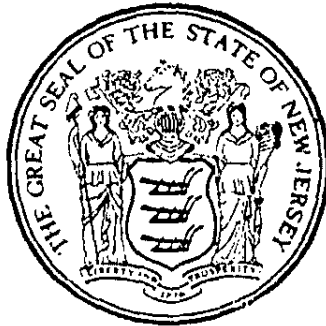
**SIP STREET ASSOC., L.L.C.  
0600110711**

*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, 2001.*

*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 office are:*

*FRANCISCO CRUZ  
2500 SUMMIT AVENUE  
UNION CITY, NJ 07087*



*IN TESTIMONY WHEREOF, I have  
hereunto set my hand and affixed  
my Official Seal at Trenton, this  
8th day of January, 2016*

*Ford M. Scudder  
Acting State Treasurer*

*Certificate Number : 6008046300*

*Verify this certificate online at*

*[https://www1.state.nj.us/TYTR\\_StandingCert/JSP/Verify\\_CERT.jsp](https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_CERT.jsp)*