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JAN 25 2016

S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HAFETZ AND ASSOCIATES LLC

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:

JAMES SCHMIDT

Name of Person

JAMES A. SCHMIDT, P.A.

Firm/Company

777 S. HARBOUR ISLAND BLVD., STE. 215

Address

TAMPA, FL 33602

City/State and Zip Code

PEISENSTEIN@SRHAFETZ.COM

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

For further information concerning this matter, please call:

JAMES SCHMIDT

813

250-3700

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

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. HAFETZ AND ASSOCIATES 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 business in Florida. The alternate name must include "Limited Liability Company," "L.L.C." or "LLC.")

2. NEW JERSEY 3. 20-2067365
(Jurisdiction under the law of which foreign limited liability company is organized) (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. 111 2ND AVENUE NE, SUITE 920
ST. PETERSBURG, FL 33715
(Street Address of Principal Office)

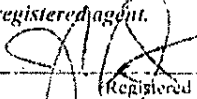
6. 609 NEW ROAD
LINWOOD, NJ 08221
(Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: JAMES A. SCHMIDT, ESQ.
Office Address: 777 S. HARBOUR ISLAND BLVD., STE. 215
TAMPA, Florida 33602
(City) (Zip code)

Registered agent's acceptance:

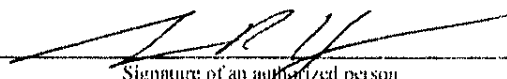
Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all 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.


(Registered agent's signature)

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

SCOTT HAFETZ, MANAGING MEMBER
609 NEW ROAD
LINWOOD, NJ 08221

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)


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.

SCOTT HAFETZ
Typed or printed name of signer

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

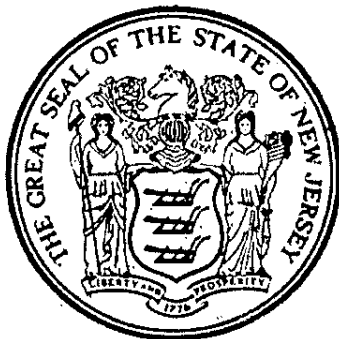
HAFETZ AND ASSOCIATES, L.L.C.
0600222208

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 December 22, 2004.

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:

HURVITZ & WALDMAN
1008 SOUTH NEW ROAD
PLEASANTVILLE, NJ 08232



IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed
my Official Seal at Trenton, this
19th day of January, 2016

Ford M. Scudder
Acting State Treasurer

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SECRETARY OF STATE
TREASURY DIVISION

Certificate Number : 6019050180

Verify this certificate online at

https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_CERT.jsp