# m1600000915

(Re	equestor's Name)	1	
,	•		
(Ad	dress)		
(Ad	ldress)		
(Cit	ty/State/Zip/Phon	e #)	
PICK-UP	☐ WAIT	MAIL	
	. =		
(Bu	isiness Entity Nai	me)	
(Document Number)			
·	·		
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			

Office Use Only



700281743767

2016 FEB -3 A IO 58

16 FEB -3 AH 10: 58

FEB 0 4 2016

MASON

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE: 985218 132451A

AUTHORIZATION

COST LIMIT : \$ 125,00

ORDER DATE: February 2, 2016

ORDER TIME : 5:23 PM

ORDER NO. : 985218-005

CUSTOMER NO: 132451A

#### FOREIGN FILINGS

NAME: 120 ETHEL ROAD WEST, L.L.C.

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams -- EXT# 62935

EXAMINER:

## **COVER LETTER**

TO: Registration Sec Division of Corp				
SUBJECT: 120	Ethel Ro Name of	oud Wes	t, L.L.C.	
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:				
	N	ame of Person .		
Firm/Company				
Address				
City/State and Zip Code				
E-mail address: (to be used for future annual report notification)				
For further information con	ncerning this matter, please call:			
1	Name of Contact Person	at () Area Code Day	time Telephone Number	
MAILING ADD Division of Corpo Registration Secti P.O. Box 6327 Tallahassee, FL 3	orations on	Division Registrat Clifton B 2661 Exe	of Corporations ion Section uilding cutive Center Circle see, FL 32301	
Enclosed is a check for the ☐ \$125.00 Filing	_	\$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 FOLLO COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:	OWING IS SUBMITTED TO REGISTER A FOREIGN LIM	ITED LIABILITY
120 Ethel Road West	1.1.0	
(Name of Foreign Limited Liability Company; must include "Lie	mited Liability Company," "L.L.C.," or "LLC.")	<u>.                                    </u>
		<del></del>
(If name unavailable, enter alternate name adopted for the purpose of transactir Liability Company," "L.L.C," or "L.L.C.")	ig business in Florida. The alternate name must include	"Limited
2. New Jersey (Jurisdiction under the law of which forcign limited liability)  3.	(FEI number, if applicable)	<del></del>
company is organized)	(PET number, it applicante)	
4. Oate first transacted business in Florida.	if prior to registration )	
(Date first transacted business in Florida, (See sections 605.0904 & 605.0905, F.S. to	determine penalty liability)	
5 70 South Onange Avenue	****** <b>N</b>	
Suite 205		2 <b></b> 5
(Street Address of Principal Offic	~ FF F	i de la companya del companya de la companya del companya de la co
6 LIVINGSTON, NJ 070		d-X Silv
(Mailing Address)	<u></u> >	<u>n</u>
		<b>7</b>
7. Name and <u>street address</u> of Florida registered agent: (P.O. Box <u>NO</u> Corporation Service Company	Tacceptable)	
Name:		
Office Address: 1201 Hays Street		
Tallahassee	, Florida 32301	
(City) Registered agent's acceptance:	(Zip code)	
Having been named as registered agent and to accept service of proce		
designated in this application, I hereby accept the appointment as reg to complywith the provisions of all statutes relative to the proper and of		
accept the obligations of my position as registered agent. Corporation Service Company	∧ / Courtney William	าร
By: (Registered agent's s	Asst. Vice Preside	ent
- 1		
8. The name, title or capacity and address of the person(s) who has/hav		
300 Consum Ann Consum	1ANAGER	
70 S. Orange Ave Suite 2	20.5	
LIVINGSTON, NJ 07039		
9. Attached is a certificate of existence, no more than 90 days old, duly		
jurisdiction under the law of which it is organized. (If the certificate is in of the translator must be submitted)	n a foreign language, a translation of the certificate	e under oath
Roh	<del></del>	
Signature of an authoriz	zed person	
This document is executed in accordance with section 605.0203 (1) (b), submitted in a document to the Department of State constitutes a third de		ition
DAVIN T	RURFR	
Typed or printed name of	of signee	

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

## 120 ETHEL ROAD WEST, L.L.C. 0600027751

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 May 16, 1996.

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:

DAVID J GRUBER 70 SOUTH ORANGE AVE LIVINGSTON, NJ 07039-0000



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 2nd day of February, 2016

Ford M. Scudder Acting State Treasurer

Certificate Number: 6033057121

Verify this certificate online at

https://www1.state.nj.us/TYTR\_StandingCert/JSP/Verify\_CERT.jsp