

Division of Corporations

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Florida Department of State  
Division of Corporations  
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**Foreign Limited Liability Company  
Choopa, LLC**

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN  
LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:

1. Choopa, LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "LLC," "LLC.")

2. New Jersey 3. 22-3814063  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 2/1/16  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

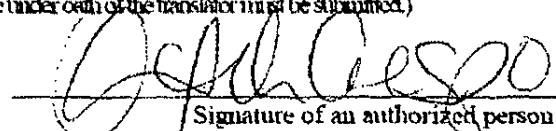
5. 14 Cliffwood Ave Suite 300, Matawan, New Jersey 07747

6. 14 Cliffwood Ave Suite 300, Matawan, New Jersey 07747  
(Street Address of Principal Office)

(Mailing Address)

7. The name, title or capacity and address of the person(s) who has/have authority to manage are:  
Member: Melissa Crespo, 14 Cliffwood Ave Suite 300, Matawan, New Jersey 07747

8. Attached is an original 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. (A photocopy is not acceptable. 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

(In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)  
Melissa Crespo

Typed or printed name of signer

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# **CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

Choopa, LLC

If unavailable, the alternate to be used in the state of Florida is:

2. The name and the Florida street address of the registered agent and office are:

David Aninowsky

(Name)

12881 Marsh Landing

Florida Street Address (P.O. Box NOT ACCEPTABLE)

Palm Beach Gardens

33418

FL

City/State/Zip

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*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 certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, Florida Statutes.*

  
(Signature)

S 100.00 Filing Fee for Application  
S 25.00 Designation of Registered Agent  
S 30.00 Certified Copy (optional)  
S 5.00 Certificate of Status (optional)

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

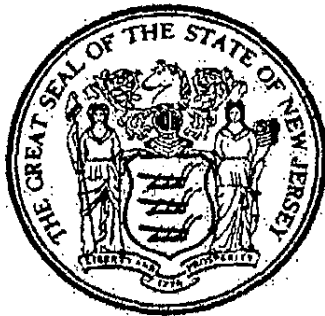
**CHOOPA, LLC**  
0600118445

*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 05, 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:*

**CHOOPA LLC**  
2400 MAIN STREET EXT. SUITE 12  
SAYREVILLE, NJ 08872



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

A handwritten signature in black ink, appearing to read "Ford M. Scudder".

**Ford M. Scudder**  
Acting State Treasurer

Certificate Number : 6050065605

Verify this certificate online at

[https://www1.state.nj.us/1YTR\\_StandingCerUJSP/Verify\\_CERT.jsp](https://www1.state.nj.us/1YTR_StandingCerUJSP/Verify_CERT.jsp)