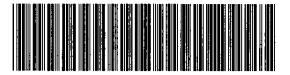
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(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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K. SOLY EXAMINER MAR - 1

SUBJECT:	Americ	:AN ADVERTIS	sure Sp	ecia	Hies	NJ	440
		Name of	Limited Liability	Company			
The enclosed "A Existence, and c	Application by For theck are submitted	oreign Limited Liability Comp ed to register the above refere	pany for Authoriza enced foreign limi	ition to Ti ted liabili	ransact Business ty company to to	in Florida,' ransact busii	" Certificate ness in Flor
Please return all	correspondence	concerning this matter to the	following:				
		Arthur S	1. I VERM	NAN			
		N	ame of Person				•
	Ameri	CAN Advert	irm/Company	peci	Alties	NJ	LLC
	7491	N. Federal	Highwa Address	7	50,te	C -5	-/151
	BOCA	Ruton F	-L	33	487		
		City/Si	tate and Zip Code				
	GM:	E-mail address: (to be used	ANQD 3	pec report no	in Hie	s. Co	m
For further infor		ng this matter, please call:					
		SIVERMAN of Contact Person	at ( Area Code	)	ytime Telephone	0 5 8 Number	
Division Registra P.O. Bo	n of Corporation ation Section ox 6327 ssee, FL 32314			Division Registrat Clifton E 2661 Exc	T ADDRESS: of Corporations tion Section Building ecutive Center C see, FL 32301		
	eck for the follow .00 Filing Fee		☐ \$155.00 Filin	g Fee &	\$160.00 Fi	iling Fee, Ce Certified Cop	ertificate by

\* Please Process ASAP - TAX

## 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 RUSINESS IN THE STATE OF FLORIDA:

COMPAINT TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:
1. Anchican Advertisms Specialties NJLLC (Name of Foreign Limited Liability Company; mist include "Limited Liability Company," "L.L.C.," or "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.
2. New JeRSey (Jurisdiction under the law of which foreign limited liability company is organized)  3. (FEI number, if applicable)
4. Have not begun to transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)  5. Ser 34 W AA+ Pood Ave Hope 7491 N. Federal Hydrogram  Suite C-5/15/  (Street Address of Principal Office)
(Street Address of Principal Office)
6. TENAFLY NJ (Street Address of Principal Office) BOCA RATON FL 33487
07670
(Mailing Address)
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
Name: ARTHUR SI/VERMAN JULI W. Federal H.
Name: AA THUR SI/VERMAN  Office Address: American Advertising Specialties 50, the C-5/15/  BOCA RATON, Florida 33487
BOCH RAton, Florida 33487 (City) (Zip code)
(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 complywith 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 agency
(Registered agent's signature)
8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:
Home: ARTHUR SILVERMAN (PADWNER)
Home: ARTHUR SILVERMAN (PYOWNER) 10500 SW 99th Street
MIAM: FL 33176
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)
to the same of the
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.
ARTHUR SILVERMAN
Typed or printed name of signee

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



## AMERICAN ADVERTISING SPECIALITIES NJ LLC 0400172449

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 20, 2007.

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:

ARTHUR SILVERMAN 24 W RAILROAD AVE PMB 295 TENAFLY, NJ 07670



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

Ford M. Scudder Acting State Treasurer

Certificate Number: 6050065930

Verify this certificate online at

 $https://www.l.state.nj.us/TYTR\_StandingCert/JSP/Verify\_CERT.jsp$