

MIL000005126

(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:

Office Use Only



800286940428

06/24/16--01020--014 **125.00

FILED

16 JUN 24 PM 2:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUN 27 2016
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ECKERLE MANAGEMENT COMPANY 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:

WILLIAM J. ECKERLE
Name of Person

ECKERLE MANAGEMENT COMPANY LLC
Firm/Company

1221 N. CHURCH ST. SUITE 106
Address

MOORESTOWN, NJ 08057
City/State and Zip Code

BECKERLE@ECKERLE MGT. COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

WILLIAM J. ECKERLE at (609) 923-7137
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. ECKERLE MANAGEMENT COMPANY 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. STATE OF NJ 3. 20-4361808
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 06/20/16
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 1221 N. CHURCH ST.
SUITE 106, MOORESTOWN, NJ 08057
(Street Address of Principal Office)

6. _____
(Mailing Address)

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

Name: WILLIAM J. ECKERLE
Office Address: 7208 HAWKINGSTON BLVD
ORLANDO, FL , Florida 32835
(City) (Zip code)

FILED
16 JUN 24 PM 2:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

William J. Eckertle
(Registered agent's signature)

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

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.)

William J. Eckertle
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.

WILLIAM J. ECKERLE
Typed or printed name of signee

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

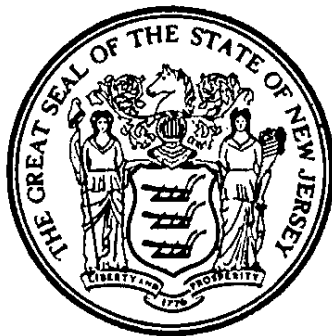
**ECKERLE MANAGEMENT COMPANY LLC
0600262834**

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 February 27, 2006.

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:

**WILLIAM J ECKERLE
1221 N. CHURCH STREET
SUITE 106
MOORESTOWN, NJ 08057**



*IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed
my Official Seal at Trenton, this
20th day of June, 2016*

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

**Ford M. Scudder
Acting State Treasurer**

Certificate Number : 6072364273

Verify this certificate online at

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