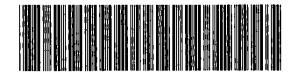
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(Re	questor's Name)				
(Ad	dress)				
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(Cit	y/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
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Certified Copies	Certificates	s of Status			
Special Instructions to Filing Officer:					
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Office Use Only



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M. MILLIGAN DEC 0 2 2016

Caroline Hyman Brooks

Attorney at Law 315 Winding Way Merion, PA 19066 (610) 664-3630 ~ FAX (610) 664-9581

November 20, 2016

Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314

Re: Application for Authorization: M Tucker, LLC

Dear Sir or Madam:

Enclosed please find:

- 1. The original and one copy of the Application for Authorization for M Tucker, LLC;
- 2. A check in the amount of \$125;
- 3. Certificate of Good Standing; and
- 4. A self-addressed, stamped envelope.

5.

Please file the original and return a date stamped copy in the enclosed envelope. Thank you for your assistance.

Sincerely,

(grobe Brook)
Caroline Hyman Brooks

COVER LETTER

	tration Section on of Corporation	is					
N SUBJECT: _	// Tucker,LLC						
Sobject		Name of L	imited Liability C	ompany			
The enclosed " Existence, and	Application by For check are submitte	eign Limited Liability Compa d to register the above refere	any for Authorizati aced foreign limite	ion to Trai d liability	nsact Business in Florida," company to transact busin	Certificate oness in Florida	
Please return a	ll correspondence c	oncerning this matter to the f	ollowing:				
	Jim Batty						
		Na	me of Person				
	SingerNY, LL	C					
	Firm/Company						
	150 SouthTwin Valley Road						
	Address						
	Elverson,PA 1	9520					
		City/St	ate and Zip Code			-	
	jhbatty@singer	requipment.com					
		E-mail address: (to be used	for future annual	report not	ification)	-	
For further inf	ormation concerning	g this matter, please call:					
Jiml	Batty		610 at (387-64	08		
	Name o	of Contact Person	Area Code	Day	time 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					
	check for the follow 25.00 Filing Fee	ving amount: \$\sum \\$130.00 \text{ Filing Fee & Certificate of Status}	□ \$155.00 Filin Certified Copy	ıg Fee &	☐ \$160.00 Filing Fee, Cof Status & Certified Co		

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:

M Tucker,LLC				
(Name of Fore	eign Limited Liability	y Company; must include '	Limited Liability Company," "L.L.C.," or	r "LLC.")
(If name unavailable, enter al Liability Company," "L.L.C,	ternate name adopted	d for the purpose of transac	cting business in Florida. The alternate na	me must include "Limited
2. New Jersey		3		
(Jurisdiction under the law company is organized)	of which foreign lim	ited liability	(FEI number, if applicable	3)
4	(Date first to	ransacted business in Florida 505.0904 & 605.0905, F.S.	da, if prior to registration.) to determine penalty liability)	_
5. 150 SouthTwin Valle			to describe penalty incoming,	6
3				
		reet Address of Principal C	ffice)	- 15 m
6. 150 SouthTwin Valley	Road,Elverson,F	PA 19520		
<u> </u>		(Mailing Address)		–
7. Name and street addres	ss of Florida registe	ered agent: (P.O. Box 1	NOT acceptable)	
Name:	Singer NY, LLC			•
Office Address:	12038 Miramar F	Parkway 		
	Miramar		, Florida 33025	
Registered agent's accep		(City)	(Zip code)	
designated in this applica	tion, I hereby acce ons of all statutes i	ept the appointment as in relative to the proper an istered agent.	ocess for the above stated limited liab registered agent and agree to act in the ad complete performance of my dutie	his capacity. I further agree
	Frederick J. Sin	ger (Registered agen)	's signature)	
8. The name, title or capa	acity and address o	f the person(s) who has/	have authority to manage is/are:	
FrederickJ. Singer,Mana	ager			
				·
				
9. Attached is a certificate jurisdiction under the law of the translator must be s	of which it is organubmitted)	nized. (If the certificate	aly authenticated by the official having is in a foreign language, a translation of the following trans	g custody of records in the of the certificate under oath
This document is executed submitted in a document to	l in accordance wit	h section 605.0203 (1) (b), Florida Statutes. I am aware that and degree felony as provided for in s.81	ny false information 7.155, F.S.
	FrederickJ. Sing	ier		

Typed or printed name of signee

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

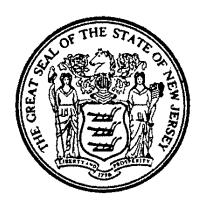
M TUCKER LLC 0450117587

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 November 07, 2016.

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:

M TUCKER, LLC 1200 MADISON AVENUE PATERSON, NJ 07503



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

Judden Tudden

Ford M. Scudder Acting State Treasurer

Certificate Number: 6075759313

Verify this certificate online at

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