

M16000009969

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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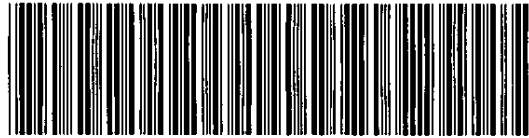
(Business Entity Name)

(Document Number)

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3458 Lakeshore Drive
Tallahassee, Florida 32312
(850) 656-4724

SUNSHINECORPORATE2014@GMAIL.COM

Date: 12-12-16

ENTITY NAME:

ARCTRP, LLC

****PLEASE FILE THE ATTACHED AND RETURN:****

☒

Plain Copy

☐ Certified Copy

****PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY:****

Document Number: _____

_____ Certified Copy of Arts & Amendments

_____ Certificate of Good Standing

****APOSTILLE/NOTARIAL CERTIFICATION:****

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL AMOUNT OWED: 155 -

CHECK NUMBER: CK 3157

PLEASE CONTACT TINA OR ERIC AT 850-656-4724 FOR ANY PROBLEMS OR INFORMATION ON THIS MATTER.

Thank you!

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. ARCTRP 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. 27-5004139
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

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

5. 1401 Broad Street
Clifton, New Jersey 07013
(Street Address of Principal Office)

6. 1401 Broad Street
Clifton, New Jersey 07013
(Mailing Address)

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

Name: United Corporate Services, Inc.
Office Address: 9200 South Dadeland Blvd., Suite 508
Miami, Florida 33156
(City) (Zip code)

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation 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.

Michael A Barr, President
(Registered agent's signature)

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

Robert J. Ambrosi, Manager
1401 Broad Street
Clifton, New Jersey 07013

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)

[Signature]
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.

Gary S. Baumann, Esq., Authorized Signatory

Typed or printed name of signee

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16 DEC 12 AM 8:37
DIVISION OF CORPORATIONS

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

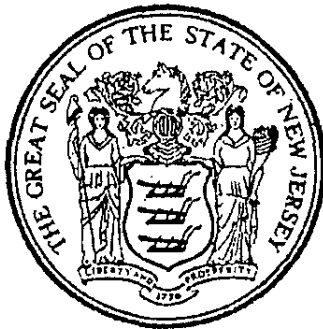
ARCTRP LLC
0400398141

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 16, 2011.

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:

ROBERT J. AMBROSI
1401 BROAD ST
CLIFTON, NJ 07013



*IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed
my Official Seal at Trenton, this
7th day of December, 2016*

Ford M. Scudder

Ford M. Scudder
Acting State Treasurer

Certificate Number : 6076145558

Verify this certificate online at

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