

M170000000153

\_\_\_\_\_  
(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:

W17-348 Mgr

Office Use Only



600293486086

12/30/16--01019--003 \*\*125.00

FILED  
2017 JAN -6 PM 1:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY  
JAN -6 2017



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 4, 2017

BILL MCINTYRE  
WILLIAM C. MCINTYRE, P.A.  
4207 SW HIGH MEADOW AVE.  
PALM CITY, FL 34990

SUBJECT: CHESTNUT SQUARE APARTMENTS, L.L.C.  
Ref. Number: W17000000348

We have received your document for CHESTNUT SQUARE APARTMENTS, L.L.C. and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly  
Regulatory Specialist II

Letter Number: 517A00000129

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Chestnut Square Apartments, L.L.C., a New Jersey limited liability company  
\_\_\_\_\_  
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:

Bill McIntyre

\_\_\_\_\_  
Name of Person

William C. McIntyre, P.A.

\_\_\_\_\_  
Firm/Company

4207 SW High Meadow Ave.

\_\_\_\_\_  
Address

Palm City, FL 34990

\_\_\_\_\_  
City/State and Zip Code

bmcintyre@wempa.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Bill McIntyre

772

288-3000

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
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

12/23/16



**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. Chestnut Square Apartments, L.L.C., a New Jersey limited liability company  
(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. 22-3377 039  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 12/23/16  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 12/23/16  
374 Marc Drive, Toms River, NJ 08753  
(Street Address of Principal Office)

6. 374 Marc Drive, Toms River, NJ 08753  
(Mailing Address)

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

Name: Bill McIntyre  
Office Address: 4207 SW High Meadow Ave  
Palm City, Florida 34990  
(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 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.*

[Signature]  
(Registered agent's signature)

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

Sarah Akhtar (MGR)  
374 Marc Drive  
Toms River, NJ 08753

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.

Bill McIntyre  
Typed or printed name of signee

FILED  
2017 JAN - 6 PM 1:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

**CHESTNUT SQUARE APARTMENTS, L.L.C.**  
0600020291

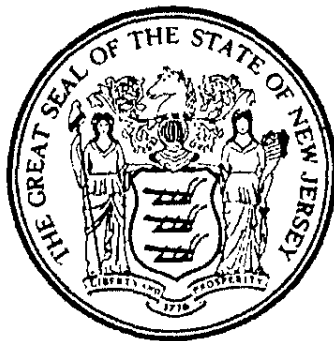
*I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Limited Liability Company was registered by this office on June 12, 1995.*

*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:*

SARAH AKHTAR  
374 MARC DRIVE  
TOMS RIVER, NJ 08753

FILED  
2017 JAN -6 PM 1:49  
CLERK OF STATE  
TREASURY  
HALL HASSEL, FLORIDA



IN TESTIMONY WHEREOF, I have  
hereunto set my hand and affixed  
my Official Seal at Trenton, this  
23rd day of December, 2016

*Ford M. Scudder*

Ford M. Scudder  
Acting State Treasurer

Certificate Number : 6076580005

Verify this certificate online at

[https://www1.state.nj.us/TYTR\\_StandingCert/JSP/Verify\\_Cert.jsp](https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp)