

11700004323

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

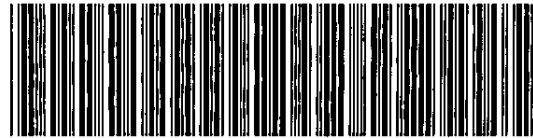
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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05/05/17--01020--035 **160.00

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17 MAY 18 PM 2:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. SCOTT

MAY 22 2017

COVER LETTER

TO: **Registration Section**
Division of Corporations

Johnsen Service Plumbing & HVAC LLC

SUBJECT: _____
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:

Thomas Johnsen

Name of Person

Johnsen Service Plumbing & HVAC LLC

Firm/Company

82 Hearthstone Lane

Address

Marlton, NJ 08053

City/State and Zip Code

johnsentom1@gmail.com

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

For further information concerning this matter, please call:

Thomas Johnsen

609

560-3950

Name of Contact Person

at (_____) _____
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

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SECRETARY OF STATE

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 8, 2017

THOMAS JOHNSEN
82 HEARTHSTONE LANE
MARLTON, NJ 08053

SUBJECT: JOHNSEN SERVICE PLUMBING & HVAC LLC
Ref. Number: W17000039234

We have received your document for JOHNSEN SERVICE PLUMBING & HVAC LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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.

Dionne M Pijaux
Regulatory Specialist

Letter Number: 817A00009037

RECEIVED
2017 MAY 19 PM 12:57
TALLAHASSEE, FLORIDA

FILED
MAY 18 PM 2:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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. Johnsen Service Plumbing & HVAC 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

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 81-3728818

(FEI number, if applicable)

4. (Have not yet transacted business yet)

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

5. Johnsen Service

(Street Address of Principal Office)

2746 Tropical Ave

Vero Beach, FL 32960

6. Johnsen Service

(Mailing Address)

2746 Tropical Ave.

Vero Beach, FL 32960

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

Name: Thomas Johnsen

Office Address: 2746 Tropical Ave.

Vero Beach

(City)

Florida 32960

(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.

(Registered agent's signature)

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

Title or Capacity:

Name and Address:

Title or Capacity:

Name and Address:

President

Thomas Johnsen

2746 Tropical Ave.

Vero Beach, FL 32960

(Use attachments if necessary)

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 of an authorized person)

10. 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.

Thomas Johnsen

(Typed or printed name of signer)

FILED
MAY 18 PM 2:35
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

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

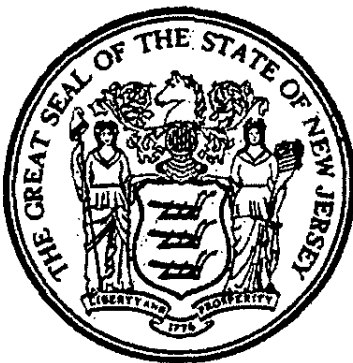
JOHNSEN SERVICE PLUMBING & HVAC LLC
0450101832

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 September 01, 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:

THOMAS JOHNSEN
82 HEARTHSTONE LN
MARLTON, NJ 08053



*IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed
my Official Seal at Trenton, this
2nd day of May, 2017*

Ford M. Scudder

Ford M. Scudder
Acting State Treasurer

Certificate Number : 6079446336

Verify this certificate online at

https://www1.state.nj.us/TYTR/StandingCert/JSF/Verify_Cert.jsp

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SECRETARY OF STATE
TREASURER
TREASURER