

To: Page 5  
Division of Corporations

2017-05-22 09:42:59 CST

542080845 From: Danae McRay

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

((H170001387493)))



H170001387493ABC7

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (512) 418-6949  
Fax Number : (954) 208-0845

**\*\*Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please.**

Email Address: \_\_\_\_\_

Foreign Limited Liability Company  
4707 W Estrella LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$902.50

2017 MAY 22 AM 11:48

STATE DEPT OF STATE  
TALLAHASSEE, FLORIDA

FILED  
17 MAY 22 AM 11:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

MAY 23 2017

Y SULKER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: **4707 W Estrella 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:

**Justyn Volesko**

Name of Person

Firm/Company

**35-2006 Hudson St**

Address

**Jersey City, NJ 07302**

City/State and Zip Code

**justyn@ajwealthllc.com**

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

For further information concerning this matter, please call:

**Justyn Volesko**

Name of Contact Person

**212**

Area Code

**729-7307**

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. 4707 W Estrella LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," 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," "LLC," or "LLC.")

2. New Jersey 3. 144-60-4540  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. December/4, 2015  
(Date first transacted business in Florida, if prior to registration)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 4707 W Estrella Street 6. 35-2006 Hudson Street  
(Street Address of Principal Office) (Mailing Address)  
Tampa, FL 33629 Jersey City, NJ 07302

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

Name: CT Corporation  
Office Address: 1200 South Pine Island Road  
Plantation, Florida 33324  
(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.

CT Corporation / Chris Rickard

(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:
Manager	Steve Kemler 11 Great Jones St, PHA New York, NY 10012		
Authorized Signer	Justyn Volesko 35-2006 Hudson St Jersey City, NJ 07302		

(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.

Justyn Volesko

Typed or printed name of signer

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

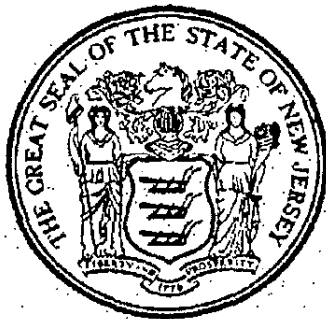
**4707 W ESTRELLA LLC  
0450036984**

*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 December 14, 2015.*

*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:*

**JUSTYN VOLESKO,  
35-2006 HUDSON STREET  
JERSEY CITY, NJ 07302**



*IN TESTIMONY WHEREOF, I have  
hereunto set my hand and affixed  
my Official Seal at Trenton, this  
21st day of May, 2017*

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

**Ford M. Scudder  
State Treasurer**

**Certificate Number: 2266577727**

**Verify this certificate online at**

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