

11700005041

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

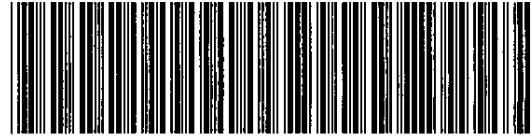
Certificates of Status _____

Special Instructions to Filing Officer:

W17-46883

W11

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2017 JUN 13 P 1:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE
JUN 14 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 2, 2017

ELLEN BINEN-MILBROD
ELLEN BINEN-MILBROD C.P.A. LLC
17230 SEAFORD WAY
LAKEWOOD RANCH, FL 34202

SUBJECT: ELLEN BINEN-MILBROD C.P.A. LLC
Ref. Number: W17000046883

We have received your document for ELLEN BINEN-MILBROD C.P.A. LLC and your check(s) totaling \$155.00. 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.

Shelia H Young
Regulatory Specialist II

Letter Number: 317A0001151

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

As requested, the registered agent has signed the attached document. Please process our request.

*Thank you
Ellen*

RECEIVED
2017 JUN 13 PM 1:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **ELLEN BINEN-MILBROD C.P.A. L.L.C.**

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:

ELLEN BINEN-MILBROD

Name of Person

ELLEN BINEN-MILBROD C.P.A. L.L.C.

Firm/Company

17230 SEAFORD WAY

Address

LAKEWOOD RANCH, FLORIDA 34202

City/State and Zip Code

ELLEN@TAXCHICK.COM

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

For further information concerning this matter, please call:

ELLEN BINEN-MILBROD at (**732**) **257-7570**

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2017 JUN 13 P 1:07

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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. ELLEN BINEN-MILBROD C.P.A. L.L.C.
(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. 22-3772652
(FEI number, if applicable)

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

5. 17230 SEAFORD WAY
(Street Address of Principal Office)
LAKEWOOD RANCH, FL 34202

6. 17230 SEAFORD WAY
(Mailing Address)
LAKEWOOD RANCH, FL 34202

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

Name: ELLEN BINEN-MILBROD

Office Address: 17230 SEAFORD WAY

LAKEWOOD RANCH, Florida 34202
(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.


(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:

AMBR

ELLEN BINEN-MILBROD

17230 SEAFORD WAY
LAKEWOOD RANCH, FLORIDA 34202

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2017 JUN 1 P 11 07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(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.

ELLEN BINEN-MILBROD

Typed or printed name of signee

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

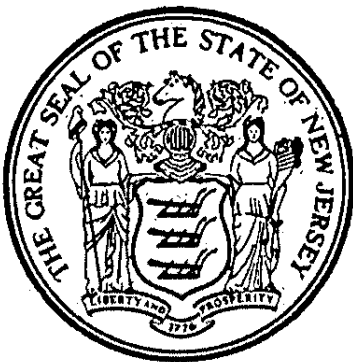
ELLEN BINEN-MILBROD C.P.A. L.L.C.
0600103239

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 01, 2000.

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:

WALLACE MILBROD
132C PLYMOUTH LANE
MONROE TWP, NJ 08831



*IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed
my Official Seal at Trenton, this
23rd day of May, 2017*

Ford M. Scudder

Ford M. Scudder
Acting State Treasurer

Certificate Number : 6079937421

Verify this certificate online at

http://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp