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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY

AUG - 1 2017

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CUSTMBITE 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:

MONROE ELKIN

Name of Person

Firm/Company

6615 BOTICELLI DRIVE

Address

LAKE WORTH, FL ~~33467~~ 33467

City/State and Zip Code

MONROE741@YAHOO.COM

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

For further information concerning this matter, please call:

MONROE ELKIN

908

400-4690

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

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. CUSTMBITE 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. 20-0682005
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 01/01/2017
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 6615 BOTICELLI DRIVE
(Street Address of Principal Office)
LAKE WORTH, FL 33467

6. 6615 BOTICELLI DRIVE
(Mailing Address)
LAKE WORTH, FL 33467

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

Name: MONROE ELKIN

Office Address: 6615 BOTICELLI DRIVE

LAKE WORTH, Florida 33467
(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.

✓ Monroe Elkin
(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:
<u>PRESIDENT</u>	<u>MONROE ELKIN</u> <u>6615 BOTICELLI DRIVE</u> <u>LAKE WORTH, FL 33467</u>	<u>VICE PRESIDENT</u>	<u>BRAD MARKOWITZ</u> <u>10 LOUGHLIN AVE</u> <u>COS COB, CT 06807</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>

(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)

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.

✓ Monroe Elkin
Signature of an authorized person

✓ MONROE ELKIN
Typed or printed name of signee

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

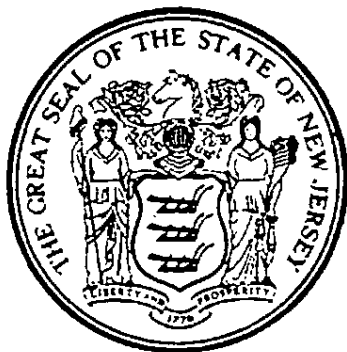
**CUSTMBITE LIMITED LIABILITY COMPANY
0400048484**

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 04, 2004.

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:

**DR. MONROE ELKIN
1 RICHMOND ST APT 3050
NEW BRUNSWICK, NJ 08901**



*IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed
my Official Seal at Trenton, this
18th day of July, 2017*

**Ford M. Scudder
Acting State Treasurer**

Certificate Number : 6081215496

Verify this certificate online at

https://www1.state.nj.us/T1TR_StandingCert/JSP/Verify_Cert.jsp

**FILED
2017 JUL 27 PM 4:54
CLERK OF SUPERIOR COURT
TRENTON, NJ**



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 12, 2017

MONROE ELKIN
6615 BOTICELLI DR.
LAKE WORTH, FL 33467

SUBJECT: CUSTMBITE LLC
Ref. Number: W17000057760

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

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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: 317A00014122

RECEIVED
2017 JUL 27 AM 9:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA