

M1700000 7625

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

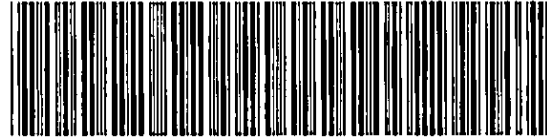
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200303154002

09/05/17--01025--011 **155.00

FILED
25TH SEP -5 PM 1:18
FBI ALABAMA

SEP 04 2017
J. HARRIS

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ELLEN BINEN-MILBROD FINANCIAL SERVICES 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 FINANCIAL SERVICES 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

732

257-7570

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. ELLEN BINEN-MILBROD FINANCIAL SERVICES 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 3. 22-3730379
(Jurisdiction under the law of which foreign limited liability company is organized) (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 6. 17230 SEAFORD WAY
(Street Address of Principal Office) (Mailing Address)
LAKEWOOD RANCH, FLORIDA 34202 LAKEWOOD RANCH, FLORIDA 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.

Ellen Bin-Milbrod
(Registered agent's signature)

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

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<u>AMBR</u>	<u>ELLEN BINEN-MILBROD</u>	_____	_____
_____	<u>17230 SEAFORD WAY</u>	_____	_____
_____	<u>Lakewood Ranch, Fl 34202</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.

Ellen Bin-Milbrod
Signature of an authorized person

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 FINANCIAL SERVICES L.L.C.
0600090434

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 May 17, 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
24th day of August, 2017*

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

Ford M. Scudder
Acting State Treasurer

Certificate Number : 6082085129

Verify this certificate online at

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