M17000007674

(Requestor's Name)					
(Address)					
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(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer: CEY-Y WIN-10980					

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S. WARREN SEP 0 7 2017



August 29, 2017

RAYMOND ELIAS SR 3004 BAY AVENUE OCEAN CITY, NJ 08226

SUBJECT: 838 BOARDWALK LLC Ref. Number: W17000070980

We have received your document for 838 BOARDWALK 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):

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.

Stacey M Warren Regulatory Specialist II

Letter Number: 117A00017827

COVER LETTER

TO:

Γ O :	Registration Section Division of Corporations	ı		
SŲBJE	cr: <u>838</u> Bo	ARDWILK L	LC	
		Name of I	Limited Liability Company	
				insact Business in Florida," Certificate of company to transact business in Florida.
Please i	return all correspondence co	oncerning this matter to the	following:	
	RAY	MOND ELIAS	SR.	
		Ni	ame of Person	
	9 .39	. ROARNWALK	110	
		BOARDWALK F	rm/Company	
	3004	BAY AVENULE	-	
		BAY AVENUE	Address	
	_OCETA	CITY, NEW	JERSEY 082 tate and Zip Code	a 6
		City/Si	tate and Zip Code	
	<u> </u>	F-mail address: (to be used	用: L, COH I for future annual report not	(fication)
			. rot tatare mindin report not	
For fur	ther information concerning	this matter, please call:		
	_			
	RAYMOND ELI	<u>#\$</u>	at (<u>609</u>) <u>60</u> Area Code Day	2-6644
	Name of	Contact Person	Area Code Day	time Telephone Number
	MAILING ADDRESS:		STREET	ADDRESS:
	Division of Corporations		Division	of Corporations
	Registration Section		•	ion Section
	P.O. Box 6327		Clifton B	
	Taliahassee, FL 32314			cutive Center Circle ec. FL 32301
			,	
Enclose	ed is a check for the following Bee	ng arnount: \$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 COMPANY TO TRANSACT BUSINESS	59902, FLORIDA STATUTES, THE FOLLI IN THE STATE OF FLORIDA:	TWING IS SUBMITTED TO REGIST	ERA FOREIGN LIMITED LIABILITY
i. 838 Go A	ROWALK LIC sability Company, must include "Limited Lia	bility Company." "LLC." or "LLC."	,
(If some snavedeble, enter alternate matric adopte	A for the purpose of transacting business in Florids."	The alternate name transfinchade "Limited Lie	bulity Company," "L.L.C." or "L.L.C."
2. NEW THESEY (Jurisdiction ander the law of which inferen		3. <u>2234985</u>	
4, Original Control Co	t base transacted trasmess as Hornda, of prior to region sociones 605,0904 & 615,0905, F.S. to determine pe	ration.) only labelity)	
<u>_</u>			VENIUE
5. 3004 BAY AVENUE Strok Address of Procepts Office) OCEAN CITY NJ 08226		6. 3004 BAY AVENUE OCEAN CITY NJ 08526 =	
	**************************************		S
_	rida registered agent: (P.O. Box N		-6 -6
Name: Mic	hael us hennen esa	,	
Office Address: 425	5 W. COLONIAL DRIVE	<u>STF</u> 204	AHII: 1-2 AHII: 1-2 AHII: 1-2
. <u> </u>	LANDO FL	. Florida <u>3</u> 280	<u>4</u> 5
designated in this application, I h to comply with the provisions of a and accept the obligations of my	agent and to accept service of proceedings accept the appointment as roull statutes relative to the proper and position as registered agent. Registered agent: nips.	gistered agent and agree to act l'eumplete performance of my l 	in this capacity. I further agree
8. The name, title or capacity and Title or Capacity:	address of the person(s) who has/ha Name and Address:	ive authority to manage is/are: Title or Capacity;	Name and Address:
<u>Nanaging Menbar</u>	RAYMOND R. ELIAS SR 3004 BAY AVENUE	HEMBER	P.O. BOX 618
	OCEAN CITY NT 05226		WINDERNELF FL 3478 L
(Use attachments if necessary)			
9. Attached is a certificate of exist jurisdiction under the law of which of the translator must be submitted	ence, no more than 90 days old, duly n it is organized. (If the contificate is l)	authenticated by the official ha in a foreign language, a translet	iving custody of records in the ion of the certificate under oath
endomissact in a decomposition the D-	accordance with section 605.0203 (1)	lacers follows so manifest Contin	re that any false information s.817.155, F.S.
	aymen R. Elica Signature of m	authorized person	
	RAYMOND B. FL.	AS SR. MGRM	

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

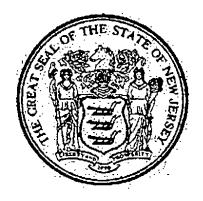
838 BOARDWALK, L.L.C. 0600035922

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 March 03, 1997.

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:

RAYMOND R ELIAS 3004 BAY AVE OCEAN CITY, NJ 08226-0000



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 6th day of September, 2017

Ford M. Scudder Acting State Treasurer

Certificate Number: 6082321328

Verify this certificate online at

https://www.).state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.Jsp