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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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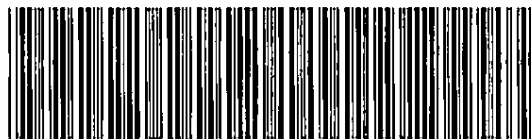
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

OCT 16 2017

J SHIVERS

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** LET'S HAUL IT 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:

RONALD NICHOLS

Name of Person

NICHOLS BUSINESS SERVICES INC

Firm/Company

457 SCHENECTADY AVE STE B3

Address

BROOKLYN, NY 11203

City/State and Zip Code

TAXPRO212@GMAIL.COM

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

For further information concerning this matter, please call:

RONALD NICHOLS

Name of Contact Person

at ( 718 )

Area Code

213-8395

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. LET'S HAUL IT 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. 81-5292947  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

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

5. 3430 NW 16TH ST BAY #2 6. SAME  
(Street Address of Principal Office) (Mailing Address)  
LAUDERHILL, FL 33311

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

Name: ERAN SOBOL  
Office Address: 3430 NW 16TH ST BAY #2  
LAUDERHILL, Florida 33311  
(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.*

E. Sobol  
(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>MANAGING MEMB</u>	<u>OR SIRI-PRINCZ</u> <u>25 GLENDALE RD</u> <u>CARMEL, NY 10512</u>	<u>MANAGING MEMI</u>	<u>ROEI AVIEL</u> <u>7880 NW 14TH ST</u> <u>PLANTATION, FL 33322</u>
<u>MANAGING MEMB</u>	<u>ERAN SOBOL</u> <u>3430 NW 16TH ST BAY #2</u> <u>LAUDERHILL, FL 33311</u>	<u>MANAGING MEMI</u>	<u>AVISHAY OZ</u> <u>15 LAMBS LANE</u> <u>CRESSKILL, NJ 07626</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.

OR SIRI-PRINCZ  
Typed or printed name of signer

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

**LET'S HAUL IT LLC**

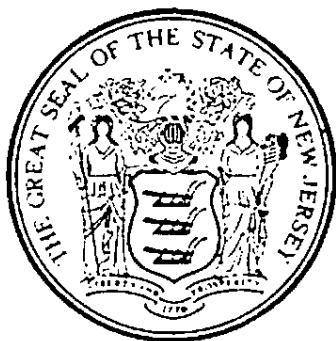
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*I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Limited Liability Company was registered by this office on January 27, 2017.*

*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:*

ERAN SOBEL  
400 WINANS AVENUE  
HILLSIDE, NJ 07205



*IN TESTIMONY WHEREOF, I have  
hereunto set my hand and affixed  
my Official Seal at Trenton, this  
28th day of September, 2017*

Ford M. Scudler  
Acting State Treasurer

Certificate Number: 6082689575

Verify this certificate online at

<https://www1.state.nj.us/EFR/StandingCert/JP/VerifyCert.jsp>