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COVER LETTER

TO: Registration Section Division of Corporations			•	
SUBJECT: Mills Elder Law LLC				
Name	of Limited Liability	Company		
The enclosed "Application by Foreign Limited Liability Co Existence, and check are submitted to register the above re				
Please return all correspondence concerning this matter to	the following:			
Darren J Mills				
	Name of Person			
Mills Elder Law LLC				
	Firm/Company			
331 Newman Springs Rd., Bldg. 1	1, 4th Fl., Ste. 143	;		
	Address			
Red Bank, NJ 07701				
Cit	y/State and Zip Code		-	
djmills@millselderlaw.com				
E-mail address: (to be t	used for future annua	report no	tification)	
For further information concerning this matter, please call:				
Darren J Mills	700	7040	040	
Name of Contact Person	at (732 Area Code	_) 784.2	rtime Telephone Number	
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314	Alea Code	STREET Division Registrat Clifton B 2661 Exc	<u>FADDRESS:</u> of Corporations ion Section	
Enclosed is a check for the following amount: \$\sigma \text{\$\sigma} \$\sigma \text{\$\sigma \text{\$\sin \text{\$\sigma \text{\$\sigma \text{\$\sigma \tex	& □ \$155.00 Filio Certified Copy	ng Fee &	□ \$160.00 Filing Fee. Certificate of Status & Certified Copy	

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

Mills Elder Law LLC			
(Name of Fore	rign Limited Liability Company; must in	elude "Limited Liability Company," "L.L.C.," or	c"LLC.")
name unavailable, enter al ability Company," "L.L.C,	ternate name adopted for the purpose of "or "LLC,")	transacting business in Florida. The alternate nar	me must include "Limited
New Jersey		3. 47-4867137	
company is organized)	of which foreign limited liability	(FEI number, if applicable	:)
	(Date first transacted business in	Florida, if prior to registration.)	
331 Newman Springs Ro	(See sections 605,0904 & 605,090 d., Bldg. 1, 4th Fl., Ste. 143	5. F.S. to determine penalty liability)	
Red Bank, NJ 07701			<u> </u>
1100 Bank, 140 07701	(Street Address of Princ	cipal Office)	_
PO Box 245	: 		- EG -
Yulee, FL 32041			130
	(Mailing Addr	ress)	
Name and street addres	s of Florida registered agent: (P.O. I	Box NOT acceptable)	TILE T20 F
Name:	Registered Agents Inc.		
Office Address:	3030 N. Rocky Point Dr. STE 15	50A	2: 35 STATE LORID
			25-11
	Tampa	Florida 33607	•
gistered agent's accep	(City)	Florida 33607 (Zip code)	_
ving been named as re ignated in this applica- complywith the provision	(City) tance: gistered agent and to accept service tion, I hereby accept the appointmen ons of all statutes relative to the prop ny position as registered agent.		is capacity. I further a
ving been named as re ignated in this applica- complywith the provision cept the obligations of r	(City) tance: gistered agent and to accept service tion, I hereby accept the appointmen ons of all statutes relative to the prop ny position as registered agent. (Registered	(Zip code) of process for the above stated limited liab, nt as registered agent and agree to act in th per and complete performance of my duties agent's signature)	is capacity. I further a
wing been named as resignated in this application of the provision of the obligations of the name, title or capa	(City) tance: gistered agent and to accept service tion, I hereby accept the appointmen ons of all statutes relative to the prop ny position as registered agent. (Registered	(Zip code) of process for the above stated limited liab, nt as registered agent and agree to act in th per and complete performance of my duties agent's signature) o has/have authority to manage is/are:	is capacity. I further a
wing been named as resignated in this applical complywith the provision cept the obligations of research The name, title or capa arren J Mills, Managi	(City) tance: gistered agent and to accept service tion, I hereby accept the appointmen ons of all statutes relative to the prop ny position as registered agent. (Registered	(Zip code) of process for the above stated limited liab, not as registered agent and agree to act in th over and complete performance of my duties agent's signature) to has/have authority to manage is/are: a Silver, NJ 07701	is capacity. I further a
wing been named as resignated in this applical complywith the provision cept the obligations of research The name, title or capa arren J Mills, Managi	(City) tance: gistered agent and to accept service tion, I hereby accept the appointment ons of all statutes relative to the prop my position as registered agent. (Registered active and address of the person(s) who mg Member, 10 Essex Dr., Little	(Zip code) of process for the above stated limited liable at as registered agent and agree to act in the per and complete performance of my duties agent's signature) o has/have authority to manage is/are:	is capacity. I further a

STATE OF NEW JERSEY DEPARTMENT OF THE TREASURY DIVISION OF REVENUE AND ENTERPRISE SERVICES LONG FORM STANDING WITH OFFICERS AND DIRECTORS

MILLS ELDER LAW LLC

0450012466

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 August 23, 2015.

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:

DARREN J MILLS 10 ESSEX DRIVE LITTLE SILVER, NJ 07739

I further certify that as of the date of this certificate, the following were listed as officers/directors of this business on the last Annual Report filed in this office on August 31, 2017.

OTHER

DARREN J MILLS

17 ARLENE COURT

FANWOOD, NJ 07023

MEMBER

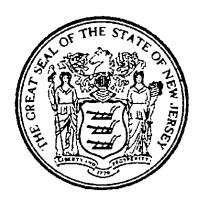
Margaret M Spencer

73 Lippincott Rd

Little Silver, NJ 07739

STATE OF NEW JERSEY DEPARTMENT OF THE TREASURY DIVISION OF REVENUE AND ENTERPRISE SERVICES LONG FORM STANDING WITH OFFICERS AND DIRECTORS

MILLS ELDER LAW LLC 0450012466



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 16th day of October, 2017

Ford M. Scudder Acting State Treasurer

Certificate Number: 6083250839

Verify this certificate online at

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

STATE OF NEW JERSEY DEPARTMENT OF THE TREASURY DIVISION OF REVENUE AND ENTERPRISE SERVICES ANNUAL REPORT CERTIFICATE

MILLS ELDER LAW LLC 0450012466

The Division of Revenue and Enterprise Services hereby affirms that the following annual report for MILLS ELDER LAW LLC was submitted on 08/31/2017 for the year: 2017

Registered Agent and Office

Darren J Mills 10 Essex Drive Little Silver, NJ 07739

Main Business Address

331 NEWMAN SPRINGS ROAD BLDG. 1, 4TH FL., STE. 143 RED BANK, NJ 07701

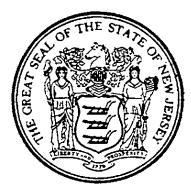
Principal Business Address

331 NEWMAN SPRINGS ROAD BLDG. 1, 4TH., STE. 143 RED BANK, NJ 07701

Officers and Directors

OTHER DARREN J MILLS 17 ARLENE COURT FANWOOD, NJ 07023

MEMBER
Margaret M Spencer
73 Lippincott Rd
Little Silver, NJ 07739



Certificate Number : 2285543305 Verify this certificate online a: https://www.l.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal, this 3 Ist day of August, 2017

Joed M. Bailder

Ford M. Scudder State Treasurer

NEW JERSEY DEPARTMENT OF THE TREASURY DIVISION OF REVENUE AND ENTERPRISE SERVICES

CERTIFICATE OF FORMATION

MILLS ELDER LAW LLC 0450012466

The above-named DOMESTIC LIMITED LIABILITY COMPANY was duly filed in accordance with New Jersey State Law on 08/23/2015 and was assigned identification number 0450012466. Following are the articles that constitute its original certificate.

1. Name:

MILLS ELDER LAW LLC

2. Registered Agent:

DARREN J MILLS

3. Registered Office:

17 ARLENE COURT
FANWOOD, NEW JERSEY 07023

4. Business Purpose:

PROVISION OF LEGAL SERVICES TO THE PUBLIC

5. Effective Date of this Filing is:

08/23/2015

6. Members/Managers:

DARREN J MILLS 17 ARLENE COURT FANWOOD, NEW JERSEY 07023

7. Main Business Address:

17 ARLENE COURT FANWOOD, NEW JERSEY 07023

Signatures:

DARREN J MILLS AUTHORIZED REPRESENTATIVE

THE STATE ON THE STATE OF THE S

Certificate Number: 4003493345

Verify this certificate online at
https://newww.listate.nj.us/TYTR_StandingCert/JSP/Verify_CERT.jsp

IN TESTIMONY WHEREOF, I have

hereunto set my hand and affixed my Official Seal 23rd day of August, 2015

nam a romani

Robert A. Romano Acting State Treasurer