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### **COVER LETTER**

TO:

то:	Registration Section Division of Corporations				į	•
SUBJE	MARATHON CRAB & LC	BSTER CO., LLC			·	
SUDJE.	C1:	Name of I	Limited Liability C	Company		
	losed "Application by Foreign Lir ce, and check are submitted to reg					
Please r	eturn all correspondence concerni	ng this matter to the	following:			
	JAMES M. PLATT					
		N	ame of Person			
		125		<del></del>		
		rı	rm/Company			
	10940 5TH AVENUE.	GULF				
			Address			ı
	MARATHON, FL 330	50				
	<del> </del>	City/S	tate and Zip Code		-	  -
	SUECORBINPA@YAH	OO.COM			Į	<u> </u>
	E-mai	l address: (to be used	for future annual	report not	ification)	 
For furt	her information concerning this m	atter, please call:				
	SUSAN M CORBIN		305 at (	916-57: _)	57	
	Name of Conta	ct Person	Area Code	Day	time Telephone Number	1
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314			Division Registrati Clifton B 2661 Exe	ADDRESS: of Corporations ion Section uilding recutive Center Circle ree, FL 32301	<u> </u>
Enclose		ount: 0.00 Filing Fee & Teate of Status	□ \$155.00 Filir Certified Copy	ig Fee &	☐ \$160.00 Filing Fee, Certified Copy	ificate

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

(Munic of Foreign	Limited Liability Company; must include "Limited	d Liability Company," "L.L.C.," or "L	.C.")
(If name unavailable, enter alternate)	name adopted for the purpose of transacting business in Flor	rida. The alternate name must include "Limit	ed Liability Company," "L.L.C;" or "LLC.")
2 NJ	-	3. 82-2487670	
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	J	number, if applicable)
4 09/01/2017			
	(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determi	registration.) ne penalty hability)	
5. 10940 5TH AVENUE		6. SAME	ŀ
iStreet Address of MARATHON, FL 33			g Address)
MARATHON, IL 33	<del></del>		<u> </u>
7 Name and street addre	ss of Florida registered agent: (P.O. Box	NOT acceptable)	
	_ • • •	ivo i acceptable)	SS:
Name;	SUSAN M CORBIN		2 2 1
Office Address:	5409 OVERSEAS HIGHWAY #223		15 S
	MARATHON	Florida 33050	\(\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\tin}\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\te}\tint{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\tin}\}\\ \ti}}\\ \tintte{\text{\text{\text{\text{\text{\text{\tetx{\text{\text{\texi}\tint{\text{\texi}\tint{\text{\text{\text{\ti}\}\tittt{\text{\texi}\tint{\text{\texi}\ti}\text{\text{\texit}\titt{\texitit}}\\\ \text{\texitil{\text{\text{\text{\tet
Registered agent's accep	(City)		ip code)
	sions of all statutes relative to the proper is of my position as registered agent.		
	(Registered agent's	· importuna )	
	(Registered agent s	signature)	
			'
8. The name, title or cap <u>Title or Capacity:</u>	pacity and address of the person(s) who has Name and Address:	us/have authority to manage is/a Title or Capacity:	re: Name and Address:
	- · · · · · · · · · · · · · · · · · · ·	•	· ·
Title or Capacity:	Name and Address:  JOSEPH A. MARTIN JR  123 WINDOR AVENUE	Title or Capacity:	Name and Address:  JAMES M. PLATT  10940 5TH AVENUE, GUL
Title or Capacity:	Name and Address:  JOSEPH A. MARTIN JR	Title or Capacity:	Name and Address:  JAMES M. PLATT
Title or Capacity:	Name and Address:  JOSEPH A. MARTIN JR  123 WINDOR AVENUE	Title or Capacity:	Name and Address:  JAMES M. PLATT  10940 5TH AVENUE, GUL
Title or Capacity:	Name and Address:  JOSEPH A. MARTIN JR  123 WINDOR AVENUE	Title or Capacity:	Name and Address:  JAMES M. PLATT  10940 5TH AVENUE, GUL
Title or Capacity: PRESIDENT	Name and Address:  JOSEPH A. MARTIN JR  123 WINDOR AVENUE HADDONFIELD. NJ 08033	Title or Capacity:	Name and Address:  JAMES M. PLATT  10940 5TH AVENUE, GUL
Title or Capacity: PRESIDENT  (Use attachments if necessity)	Name and Address:  JOSEPH A. MARTIN JR  123 WINDOR AVENUE HADDONFIELD. NJ 08033	Title or Capacity: SECRETARY	Name and Address:  JAMES M. PLATT  10940 5TH AVENUE, GUL  MARATHON, FL 33050
Title or Capacity: PRESIDENT  (Use attachments if necessary). Attached is a certificate	Name and Address:  JOSEPH A. MARTIN JR  123 WINDOR AVENUE HADDONFIELD. NJ 08033  ssary)  e of existence, no more than 90 days old, of which it is organized. (If the certificat	Title or Capacity:  SECRETARY  duly authenticated by the offici	Name and Address:  JAMES M. PLATT  10940 5TH AVENUE, GUL  MARATHON, FL 33050  al having custody of records in the
Title or Capacity:  PRESIDENT  (Use attachments if necessity)  4. Attached is a certificate jurisdiction under the law of the translator must be seen as a certificate process.	Name and Address:  JOSEPH A. MARTIN JR  123 WINDOR AVENUE HADDONFIELD. NJ 08033  ssary)  e of existence, no more than 90 days old, of which it is organized. (If the certificat submitted)	Title or Capacity:  SECRETARY  duly authenticated by the officies is in a foreign language, a training and the company of the	Name and Address:  JAMES M. PLATT  10940 5TH AVENUE, GUL  MARATHON, FL 33050  al having custody of records in the instation of the certificate under oath
Title or Capacity:  PRESIDENT  (Use attachments if necessity)  9. Attached is a certificate jurisdiction under the law of the translator must be seen to the second	Name and Address:  JOSEPH A. MARTIN JR  123 WINDOR AVENUE HADDONFIELD. NJ 08033  ssary)  e of existence, no more than 90 days old, of which it is organized. (If the certificat	Title or Capacity:  SECRETARY  duly authenticated by the offici e is in a foreign language, a trail  (1) (b), Florida Statutes. I am	Name and Address:  JAMES M. PLATT  10940 5TH AVENUE, GUL  MARATHON, FL 33050  all having custody of records in the instation of the certificate under oath aware that any false information
Title or Capacity:  PRESIDENT  (Use attachments if necessity)  9. Attached is a certificate jurisdiction under the law of the translator must be seen to the second	Name and Address:  JOSEPH A. MARTIN JR  123 WINDOR AVENUE HADDONFIELD. NJ 08033  ssary)  e of existence, no more than 90 days old, of which it is organized. (If the certificat submitted)  cuted in accordance with section 605.0203	Title or Capacity:  SECRETARY  duly authenticated by the offici e is in a foreign language, a trail  (1) (b), Florida Statutes. I am	Name and Address:  JAMES M. PLATT  10940 5TH AVENUE, GUL MARATHON, FL 33050  all having custody of records in the instation of the certificate under oath aware that any false information
Title or Capacity:  PRESIDENT  (Use attachments if necessity)  9. Attached is a certificate jurisdiction under the law of the translator must be seen to the second	SSARY)  e of existence, no more than 90 days old, of which it is organized. (If the certificat submitted)  cuted in accordance with section 605.0203 to the Department of State donstitutes a th	Title or Capacity:  SECRETARY  duly authenticated by the offici e is in a foreign language, a trail  (1) (b), Florida Statutes. I am	Name and Address:  JAMES M. PLATT  10940 5TH AVENUE, GUL MARATHON, FL 33050  all having custody of records in the instation of the certificate under oath aware that any false information
Title or Capacity:  PRESIDENT  (Use attachments if necessity)  9. Attached is a certificate jurisdiction under the law of the translator must be seen to the second	SSARY)  e of existence, no more than 90 days old, of which it is organized. (If the certificat submitted)  cuted in accordance with section 605.0203 to the Department of State donstitutes a th	Title or Capacity:  SECRETARY  duly authenticated by the offici e is in a foreign language, a tra- (3 (1) (b), Florida Statutes. I am ird degree felony as provided for ot an authorized person	Name and Address:  JAMES M. PLATT  10940 5TH AVENUE, GUL MARATHON, FL 33050  all having custody of records in the instation of the certificate under oath aware that any false information

Typed or printed name of signee

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

### MARATHON CRAB AND LOBSTER COMPANY, LLC 0600443623

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 03, 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:

JOPSEH A MARTIN ESQUIRE 6000 SAGEMORE DRIVE SUITE 6202 MARLTON, NJ 08053



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 26th day of October, 2017

Ford M. Scudder Acting State Treasurer

Certificate Number: 6083581819

Verify this certificate online at

https://www1.state.nj.us/TYTR\_StandingCert/JSP/Verify\_Cert.jsp