

M17 000016157

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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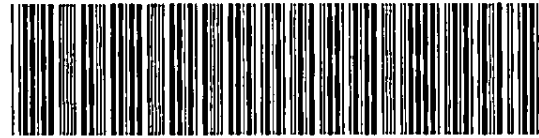
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
17 DEC -4 AM 7:14

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 20, 2017

RONALD OMALLEY
198 DUNE AVE
MANTOLOKING, NJ 08738

SUBJECT: RESORT ASSOCIATES, LLC
Ref. Number: W17000087925

We have received your document for RESORT ASSOCIATES, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

You must also submit the foreign application back with the certificate. it was not enclosed in the recent package.,

Please return the corrected original and one copy of 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.

Justin M Shivers
Regulatory Specialist II Supervisor
Registration/Qualification Section

Letter Number: 517A00022240

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RESORT ASSOCIATES, 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 O'MALLEY
Name of Person

RESORT ASSOCIATES, LLC
Firm/Company

198 DUNE AVENUE
Address

MANTOLOKING, NJ 08738
City/State and Zip Code

ronaldomalley@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RONALD O'MALLEY at (201) 725-5856
Name of Contact Person 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. RESORT ASSOCIATES, LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

RESORT ASSOCIATES PALM BEACH 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

(Jurisdiction under the law of which foreign limited liability company is organized)

3. FEDID# 42-1592969

(FEI number, if applicable)

4. NO FLORIDA BUSINESS TRANSACTIONS - HOPING FOR QTR 1 2018

(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability) - NONE -

5. RESORT ASSOC. DBA MASSAGE HEIGHTS

(Street Address of Principal Office)

2157 HIGHWAY 35 SUITE 1B
SEA GIRT, NJ 08750

6. RESORT ASSOCIATES LLC

(Mailing Address)

198 DUNE AVENUE
MANTOLOKING, NJ 08738

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

Name:

R. J. O'MALLEY

Office Address:

3400 SOUTH OCEAN BLVD 2C NORTH TOWER
PALM BEACH

(City)

Florida

33480
(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.

[Signature]
(Registered agent's signature)

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

Title or Capacity:

Name and Address:

Title or Capacity:

RONALD J. O'MALLEY

198 DUNE AVENUE
MANTOLOKING
NJ 08738

MANAGING DIRECTOR

JAMES J. GUMINA

230 FOURTH STREET
FRONT BLDG APT 1
JERSEY CITY
NJ 07302

GENERAL PARTNER

(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.

[Signature]
Signature of an authorized person

RONALD J. O'MALLEY

Typed or printed name of signee

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

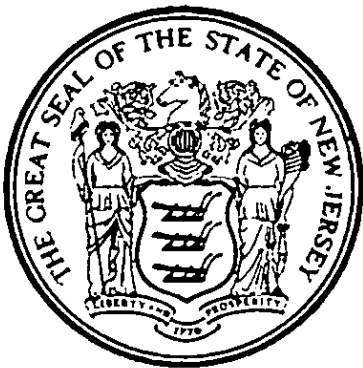
**RESORT ASSOCIATES, L.L.C.
0600171123**

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 30, 2003.

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:

**RONALD J. OMALLEY
198 DUNE AVENUE
MANTOLOKING, NJ 08738-1423**



*IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed
my Official Seal at Trenton, this
17th day of November, 2017*

**Ford M. Scudder
Acting State Treasurer**

Certificate Number : 6084114408

Verify this certificate online at

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