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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

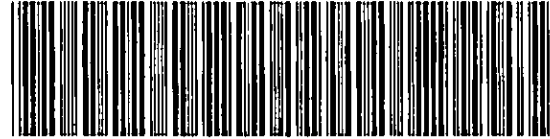
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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JAN 12 2018
J. HARRIS

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SubUAS 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:

Mark Contarino

Name of Person

SubUAS LLC

Firm/Company

4403 24th Ave E

Address

Palmetto FL 34221

City/State and Zip Code

mark@thenaviator.com

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

For further information concerning this matter, please call:

Mark Contarino

267

241-5909

at (_____) _____

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. SubUAS 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

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

3. _____

(FEI number, if applicable)

4. 11/1/2017

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

5. 33 Linberger Dr

(Street Address of Principal Office)

6. Same

(Mailing Address)

Bridgewater NJ 08807

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

Name: Mark Contarino

Office Address: 4403 24th Ave E

Palmetto

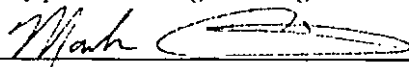
(City)

Florida 34221

(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.



(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:

Name and Address:

Member

Francisco J. Diez-Garias

33 Linberger Dr

Bridgewater NJ 08807

Member

Mark Contarino

4403 24th Ave E

Palmetto FL 34221

(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 of an authorized person)

Mark Contarino

(Typed or printed name of signee)

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

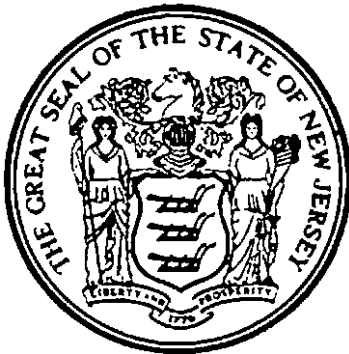
SUBUAS LLC
0450042064

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 06, 2016.

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:

FRANCISCO J. DIEZ GARIAS
33 LINBERGER DRIVE
BRIDGEWATER, NJ 08807



IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed
my Official Seal at Trenton, this
7th day of November, 2017

A handwritten signature in black ink, appearing to read 'Ford M. Scudder'.

Ford M. Scudder
Acting State Treasurer

Certificate Number : 6083851836

Verify this certificate online at

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



**Florida Department of Revenue
Reemployment Tax
Liability Notice**

**RTS-FL23R
R. 05/17
11/29/2017**

SUBUAS LLC
ATTN MARK CONTARINO
4403 24TH AVE E
PALMETTO FL 34221-6343

RT Account # : 3466525
Business Partner # : 5320328
Contract Object # : 17381275
FEIN : 811008638
Tax Rate : .0270
Mailed on or Before : 12/07/2017

SubUAS LLC:

You have met the liability requirements for reemployment tax under section 443.1215(1) A, Florida Statutes, effective 11/01/2017. Your account number and current tax rate are shown above. All assigned tax rates are listed on the back of this notice. Please use the account number on all correspondence with the Department. If you did not submit a *Florida Business Tax Application* (DR-1), please complete one and return it to the Department.

Quarterly reports are due for each calendar quarter beginning with the effective date of liability. However, if you paid any wages in any quarter in the same year, but prior to your effective date, it is your responsibility to also report those wages paid.

Reports must be filed timely, whether or not wages are paid. Any quarterly reports not previously mailed to you will be mailed at this time, under separate cover, unless you are required to file electronically. Future quarterly reports will be mailed during the last month of each calendar quarter unless you are required to file electronically, or if you voluntarily file electronically for at least two consecutive quarters.

A penalty of \$25.00 will accrue for each 30 days, or fraction thereof, that a report is delinquent. Interest will be charged on any unpaid indebtedness.

You may enroll to file reports and pay taxes electronically on the Department's website: **www.floridarevenue.com**

This letter is your official notice and becomes final within 20 calendar days of the "Mailed on or Before" date shown above. If you disagree and wish to protest, you must do so in writing, explaining your reason for disagreement. Your protest must be postmarked before the date this letter becomes final.

If you have questions, contact Taxpayer Services at 850-488-6800, Monday through Friday, excluding holidays. For forms, visit the Department's website: **www.floridarevenue.com**

Please send written correspondence to:
Account Management
Florida Department of Revenue
P.O. Box 6510
Tallahassee, FL 32314-6510

DR-600