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TROIANO & ROBERTS, P.A.

ATTORNEYS AT LAW
317 S. TENNESSEE AVENUE
LAKELAND, FLORIDA 33801-4617

D. A. TROIANO (1929-2005)
CLYDE L. ROBERTS (1927-1971)

VICTOR J. TROIANO
NICHOLAS J. TROIANO
LAURIANE CICCARELLI

REPLY TO:
P. O. DRAWER 829
LAKELAND, FLORIDA 33802-0829
TELEPHONE (863) 686-7136
FAX (863) 686-9157
WEBSITE:
WWW.TROIANOLAW.COM

January 16, 2018

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

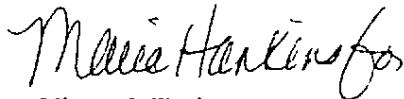
Re: 7 OCEAN AVENUE LLC
Our File No.: 2018-0032

Dear Sirs:

Enclosed please find the original and one copy of the Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida for the above named entity. After filing, please return a filed copy of the Application to my office as soon as possible. I have also enclosed a check in the amount of \$125.00 to cover your filing fee and registered agent fee.

Thank you for your assistance in this matter. Should you have questions or comments, please contact our office.

Sincerely,



Victor J. Troiano

VJT/mph

Enclosures

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 7 OCEAN AVENUE 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:

HAROLD R. KAPRELIAN

Name of Person

7 OCEAN AVENUE LLC

Firm/Company

5274 ISLAND VIEW CIRCLE

Address

POLK CITY, FL 33868

City/State and Zip Code

HRK41@MAC.COM

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

For further information concerning this matter, please call:

VICTOR TROIANO

863
at ()

686-7136

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. 7 OCEAN AVENUE 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. 81-4640546
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

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

5. 5274 ISLAND VIEW CIRCLE 6. 5274 ISLAND VIEW CIRCLE
(Street Address of Principal Office) (Mailing Address)
POLK CITY, FL 33868 POLK CITY, FL 33868

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


Name: HAROLD ROBERT KAPRELIAN

Office Address: 5274 ISLAND VIEW CIRCLE

POLK CITY, Florida 33868
(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.


(Registered agent's signature)

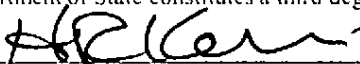
8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<u>MGR</u>	<u>HAROLD ROBERT KAPREL</u> <u>5274 ISLAND VIEW CIRCLE</u> <u>POLK CITY, FL 33868</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.


Signature of an authorized person

HAROLD ROBERT KAPRELIAN
Typed or printed name of signer

FILED
8 JAN 17 PM 2:49
CLERK OF THE
DEPARTMENT OF
STATE
TALLAHASSEE, FL 32304

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

**7 OCEAN AVENUE LLC
0450125224**

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 December 09, 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:

*HR KAPRELIAN
238 ROUTE 206
ANDOVER, NJ 07821*



*IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed
my Official Seal at Trenton, this
15th day of January, 2018*

*Ford M. Scudder
Acting State Treasurer*

18 JAN 17 PM 2:49
RECEIVED
TREASURER'S OFFICE
STATE OF NEW JERSEY
TREASURER'S OFFICE
STATE OF NEW JERSEY

Certificate Number : 6085331836

Verify this certificate online at

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

COVER LETTER

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Division of Corporations

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Firm/Company

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L.E.L.

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[Signature]
(Registered agent's signature)

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<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<u>MGR</u>	<u>HAROLD ROBERT KAPREL</u> <u>5274 ISLAND VIEW CIRCLE</u> <u>POLK CITY, FL 33868</u>	_____	_____
_____	_____	_____	_____
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[Signature]
Signature of an authorized person

HAROLD ROBERT KAPRELIAN
Typed or printed name of signer

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

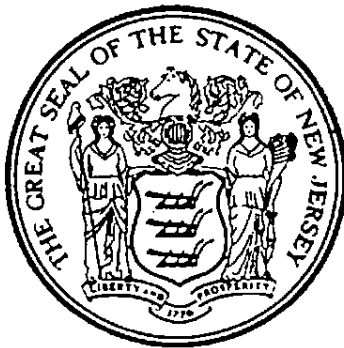
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Ford M. Scudder

*Ford M. Scudder
Acting State Treasurer*

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18 JAN 17 PM 2:49
TREASURER'S OFFICE
HALLMARKSSEE, FLORIDA**

Certificate Number : 6085331836

Verify this certificate online at

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