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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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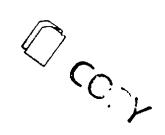
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FLORIDA DEPARTMENT OF STATE Division of Corporations



December 27, 2017

ANA PEREZ 70 HOMESTEAD.ST CLIFTON, NJ 07013 US

SUBJECT: A. & F. ICE CREAM LLC

Ref. Number: W17000101854

We have received your document for A. & F. ICE CREAM LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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.

Judy A Leggett Regulatory Specialist II Registration Section

Letter Number: 917A00026187

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COVER LETTER

	ration Section in of Corporation	25			
SUBJECT:	A.	ÉF. ICE	CREAM L	LC	<u> </u>
		Name	of Limited Liability C	Company	
					nsact Business in Florida," Certificate of company to transact business in Florida.
Please return all	correspondence o	concerning this matter to	the following:		
		ANA	Name of Person		
			Name of reison		
	A	EF. ICE	CREAM	LL	
		7	Firm/Company		
		O Homes	STAD ST	_ .	
			Address		
		Cliffond Cir	NJ	D70/	<u>/}</u>
	-	Cit	y/State and Zip Code		
		ACARABA	CLIVE.	Com	
		E-mail address: (to be t	used for future annual	report noti	fication)
For further infor	mation concernin	g this matter, please call:			
	ANA	PEREZ-	at (Do /		70-2437 time Telephone Number
	Name c	f Contact Person	Area Code	Dayt	ime Telephone Number
	ING ADDRESS:				ADDRESS:
	on of Corporations ration Section				of Corporations on Section
	ox 6327			Clifton Bu	
Fallaha	nssee, FL 32314				cutive Center Circle ee, FL 32301
Enclosed is a ch	eck for the follow	ing amount:			
37	5.00 Filing Fee	□ \$130.00 Filing Fee & Certificate of Status	& □ \$155.00 Filin Certified Copy	g Fee &	☐ \$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. A. E. F. ICE CREAT LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "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 "ELC.")
2. NEW JERSEY (Jurisdiction under the law of which foreign limited liability company is organized) 3. 81-4207639 (FEI number, if applicable)
(FEE Inditiber, is 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. 70 HOMES TAD ST. Clifton NJ 070/3 70 HOMES TAD ST. Clifton NJ 070/3 (Mallow Address)
(Street Address of Principal Office) (Mailing Address)
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
Name: JEFFREY PEREZ
Name: JEFFREY PEREZ Office Address: 5200 NW 31 ST AVE Apt 150 FOIRT LANDENIAR , Florida 33309 (Zip code)
FUIZT LANDERDAR, Florida 33309
(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.
X May Press (Megisterell'agent's sjønghure)
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:
HANAGER JEFFREY HEREZ
For landering FL 33309
MANAGING MEORER AND PEREZ
To Homestern ST. 13
(Use attachments if necessary)
(encommunity)
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 relony as provided for in s.817.155, F.S.
Signature of an authorized person

Typed or printed name of signee

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

A.& F. ICE CREAM LLC 0450118781

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 November 10, 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.

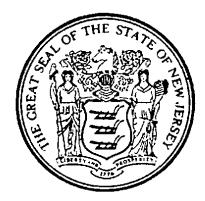
I further certify that the registered agent and office are:

ANA H PEREZ. 70 HOMESTEAD ST CLIFTON, NJ 07013

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 October 12, 2017.

MEMBER

ANA PEREZ
70 HOMESTEAD ST
CLIFTON, NJ 07013



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 10th day of January, 2018

Ford M. Scudder Acting State Treasurer

Certificate Number: 6085247059

Verify this certificate online at

https://www.l.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp