

MB000001126

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

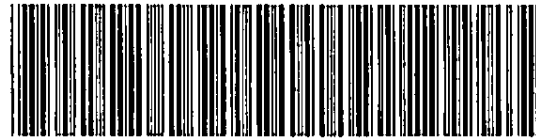
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2018 FEB -1 P 4: 29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2.600
FEB 1 2018



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 25, 2018

JUSTIN G CERRATO
1530 BUSINESS CENTER DR #4
FLEMING ISLAND, FL 32003

SUBJECT: INCOME HOLDINGS V LLC
Ref. Number: W18000007828

We have received your document for INCOME HOLDINGS V 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):

Document illegible please revise.

Please return 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.

Dionne M Pijaux
Regulatory Specialist

Letter Number: 818A00001665

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FLORIDA

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FEB 01 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: INCOME HOLDINGS V, 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:

JUSTIN G. CERRATO
Name of Person

HEAD, MOSS, FULTON, & GRIFFIN, P.A.
Firm/Company

1530 BUSINESS CENTER DR. #4
Address

FLEMING ISLAND, FLORIDA 32003
City/State and Zip Code

j.cerrato@hmfqglaw.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JUSTIN G. CERRATO at (904) 541-4530
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

ALREADY
PAID

CLIFTON BUILDING
TALLAHASSEE, FLORIDA

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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. INCOME HOLDINGS V LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," 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," "LLC," or "LLC.")
2. DELAWARE 3. 47-4048767
(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. 3 BRANTWOOD DR. 6. 3 BRANTWOOD DR.
(Street Address of Principal Office) (Mailing Address)
SUMMIT, NJ 07901 SUMMIT, NJ 07901
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
Name: HEAD, MOSS, FULTON, & GRIFFIN, P.A.
Office Address: 1530 BUSINESS CENTER DR. #4
FLEMING ISLAND, Florida 32003
(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:

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
<u>AMBR</u>	<u>PAUL MORROW</u>		
	<u>3 BRANTWOOD DR.</u>		
	<u>SUMMIT, NJ 07901</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

JUSTIN G. CERRATO

Typed or printed name of signer

LEGAL COUNSEL
REGISTERED AGENT

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SECRETARY OF FLORIDA
ALLAHASSEE, FLORIDA

Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "INCOME HOLDINGS V LLC" IS DULY FORMED
UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND
HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS
OF THE TENTH DAY OF JANUARY, A.D. 2018.

FILED

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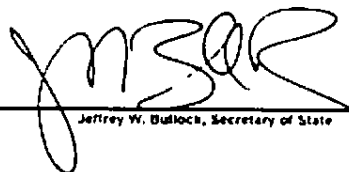
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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SR# 20177604118

You may verify this certificate online at corp.delaware.gov/authver.shtml


Jeffrey W. Bullock, Secretary of State

Authentication: 201952899

Date: 01-10-18