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FLORIDA DEPARTMENT OF STATE Division of Corporations

December 26, 2017

ERIC P STEIN, ESQ 1820 NE 163 ST, SUITE 100 NORTH MIAMI BEACH, FL 33162 US

SUBJECT: AJ PARTNERS LENDING LLC

Ref. Number: W17000101437

We have received your document for AJ PARTNERS LENDING 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: 417A00026068

RECEIVED

COVER LETTER

TO:		istration Section sion of Corporation	s					
SUBJE		AJ PARTNERS LEN	IDING LLC					
Name of Limited Liability Company								
The enc	losed ce, an	"Application by Ford check are submitted	eign Limited Liability Comp I to register the above refere	any for Authoriza	tion to Tra ed liability	nsact Business in Florida," Co company to transact business	ertificate of s in Florida.	
Please re	eturn	all correspondence co	oncerning this matter to the	following:				
		ERIC P. STEIN	, ESQ.					
	Name of Person							
	ERIC P. STEIN, P.A.							
	Firm/Company							
	1820 NE 163 STREET, SUITE 100							
Address								
	NORTH MIAMI BEACH, FL 33162							
	City/State and Zip Code							
DOCSERVICE@EPSLAW.COM								
			E-mail address: (to be used	for future annual	report not	tification)		
For furt	her in	formation concerning	g this matter, please call:					
	ERI	C P. STEIN		786 at (248-10	00		
		Name o	f Contact Person	Area Code	Day	time 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: \$\Boxed{\text{\text{\$\Boxed{\text{S}}}} \$125.00 \text{ Filing Fee} } \Boxed{\text{\$\Boxed{\text{\$\Boxed{\text{\$\Boxed{\text{Filing Fee}} & Certificate of Status}}} \text{Certificate of Status}					☐ \$160.00 Filing Fee, Cert 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. AJ PARTNERS LENDING 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," "LLC," or "LLC.") 2 NEW YORK 3. 82-1635341 (FEI number, if applicable) (Jurisdiction under the law of which foreign limited liability company is organized) (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 5. 307 E 91 STREET, SUITE 1E 6. 307 E 91 STREET, SUITE 1E (Street Address of Principal Office) (Mailing Address) **NEW YORK, NEW YORK 10128 NEW YORK, NEW YORK, 10128** 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) ERIC P. STEIN, ESQ. Name: 1820 NE 163 STREET, SUITE 100 Office Address: NORTH MIAMI BEACH 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 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Name and Address: Name and Address: Title or Capacity: Title or Capacity: Manager Lance Falow Gary Budoff Manager 774 White Plains Rd, Ste 2 307 E 91 ST., SUITE 1E SCARSDALE, NY 1058 NEW YORK, NY 10128 Russell Fridman Manager 307 E 91 ST., SUITE 1E NEW YORK, NY 10128 (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 **GARY BUDOFF**

Typed or printed name of signee

State of New York Department of State } ss:

I hereby certify, that AJ PARTNERS LENDING LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 03/06/2017, and that the Limited Liability Company is existing so far as shown by the records of the Department.



WITNESS my hand and the official seal of the Department of State at the City of Albany, this 29th day of January two thousand and eighteen.

Brendan W. Fitzgerald Executive Deputy Secretary of State

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