

Division of Corporations

### Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:
 Division of Corporations
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From:
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 Phone : (323)962-8600
 Fax Number : (323)962-3889

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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## Foreign Limited Liability Company LOTS-CH LIMITED LIABILITY COMPANY

Certificate of Status	Ü
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

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Electronic Filing Menu

Corporate Filing Menu

Help

S. WARREN

MAR 0 1 2018

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#### **COVER LETTER**

SUBJECT:		ame of Limited Liability Company			
	:*	arne of Ellineed Elacolity Company			
		iability Company for Authorization to Transact Business in Florida," Ce above referenced foreign limited Hability company to transact busines			
lease return all cor	respondence concerning this	matter to the following:			
		Cheyenne Moseley			
		Name of Person			
		Legalzoom.com, Inc.			
	Firm/Company = 5				
_		101 N Brand Blvd 11th Floor			
<del>-</del>		Address			
	Glendale, CA 91203				
	,	City/State and Zip Code			
lot	sllc@outlook.com				
<del></del> -	E-mail addre	ss: (to be used for future annual report notification)			
or further informati	on concerning this matter, pl	ease call:			
Cheyenr	ne Moseley	800 (1.5) 773-0888 ext9724  Area Côde Daytime Telephone Number			
-	Name of Contact Person	Area Code Daytime Telephone Number			
		STREET ADDRESS: Division of Corporations Registration Section Clifton Building			
Tallahassee		2661 Executive Center Circle Tallahassee, FL 32301			

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/		REIGN LIMITED LIABILIT		av	s a SID ልርሚ	RUSIA	NESS
ſ			A GOR	JITHORIZATION TO TI	KANSACI	11051	1220
سند		OREIGN LIMITED LIABILITY CTION 605.0902, FLORIDA STATUTE CTION 605.0902, FLORIDA STATUTE	Y COMPANY FUEL			F)	ADII PTV
	TON BY FO	REIGN LIMITED CONTROL	IN FLORIDA	20 REGISTER A FO	OREIGN LIM	ШЭНА	ADULII
	APPLICATION DI	and ITT ITT	ES THE FOLLOWING POS	*C.**			
		CHON 605,0902, FLORIDA STATULE		n			
i	N COMPLIANCE WITH SEA	TICA (company; inc	ust include "Limited Liabi	lity Company," "L.L.C.," or "	(LUCY)		
	OOMBTIANCE TO COMBTIANCE				wet include	"Limi	ed
L	il name unavallable, enter al liability Company," "L.L.C,	ternate name adopted for the purpor	se of transacting business	in Florida. The alternate name	Man Houng		,
	NI	•	3 47-3360909		-		
-	(Jurisdiction under the law company is organized)	of which foreign limited liability	J	(FEI number, if applicable)			
	company is organized)						
4,		(Date first transacted busing	ess in Florida If prior to r	egistration.)			
	001 141 1 2	(Date first transacted busine (See sections 605,0904 & 605	5.0905, F.S. to determine t	cenalty liability)			
5	801 Kingsley Street, U	nit 3	19 38 19	<u> </u>			
	Asbury Park, NJ 07712	<b>,</b>					
	-100013 1 412 07712	(Street Address of	Principal Office)				
6	801 Kingsley Street, Un		t smospili Ossicos		2	쯦	
Ū	·					MAR	
	Asbury Park, NJ 07712					20	<u>.1</u>
		(Mailing	Address)	- <del></del>	- ଓଡ଼ିଆ		1
7	Name and street addres	s of Florida registered agent: (P	O. Box NOT acceptat	ple)		7	LU)
	Name:	United States Corporation Age	ents, Inc.		<b>三</b>	75	_
	i dallie.	13302 Winding Oak Court Sui	ira A		95	Ŋ	
	Office Address:	15502 Winding Oak Court Sur		•	57	ත	
		Tainpa		, Florida 33612			
n	entistered against again	(City)		(Zip code)			
IN H	egistored agent's accept Laving been named as re	tauce: gistered agent and to accept ser	rvice of process for the	above stated limited liabili	ity company	at the	place
d	estanated in this applica	tion. I hereby accept the appoin	itment as registered age	ent and agree to act in this	capacity.	l furth	er agres
10	complywith the provision	ons of all statutes relative to the my position as registered agent.	<i>proper and complete p</i> Chavenna Mosele	verformance of my duties, y, Assistant Secretary on	ana 1 am J	ттина:	r with an
u.	ccepi ine vonganom vj i	hy pushion as registered agent.		ates Corporation Agents, Inc.			
			stered agent's signature)				
		(Kellis	secret affect a siftuarme)				
8	<ol> <li>The name, title or capa</li> </ol>	acity and address of the person(s)	) who has/have authorit	y to manage is/are:			
E	frank Scotti, member - 80	01 Kingsley Street, Unit 3, Asbu	ry Park, NJ 07712; Añd	lrew Lee, member -			
 : 	801 Kingsley Street, Uni	t 3, Asbury Park, NJ 07712; Judy	y Oh, member - 801 Kir	ngsley Street, Unit 3,			
A	Asbury Park, NJ 07712; I	oanne Tran, member - 801 King	gsley Street, Unit 3, Asl	bury Park, NJ 07712			
_	<del> </del>	ه د د د ۱۰ ه د د ۱۰ ۱۰ ای سم پوستسید. ریامانه سپوروا اساسی ووافاهاست			<del></del>		
9	. Attached is a certificate	of existence, no more than 90 de	ays old, duly authentica	ted by the official having o	ustody of re	cords i	in the
	risdiction under the law i f the translator must be st	of which it is organized. (If the cabmitted)	ertificate is in a foreign	i language, a translation of	me certifica	ite uitu	ci Caui
J		FILS	> 44 da	•			
			e of an authorized person				
		Signature	z oz wii uutnorized person				
T	his document is executed abmitted in a document to	l in accordance with section 605.5 to the Department of State constitu	.0203 (1) (b), Florida St utes a third degree felon	atutes, I am aware that any ny as provided for in 8.817.	false inform 155, F.S.	ation	
		Fra	ank Scotti				

Typed or printed name of signee

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

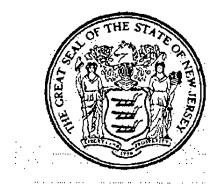
#### LOTS-CH LIMITED LIABILITY COMPANY 0400729952

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 March 07, 2015.

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:

FRANK SCOTTI 801 KINGSLEY STREET UNIT NO. 3 ASBURY PARK, NJ 07712



is, Did

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 1st day of March, 2018

Elizabeth Maher Muoio

Acting State Treasurer

Certificate Number: 6086428953

Verify this certificate online at

https://www.el-state.nj/us/TYTR\_StandingCert/JSP/Verify\_Cert.jsp