MBOODS 309S

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PICK-UP WAIT MAIL							
(Business Entity Name)							
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Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							
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CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE: 139491 7418276

AUTHORIZATION : STELLE COM

COST LIMIT : \$'125.00

ORDER DATE: March 29, 2018

ORDER TIME : 8:55 AM

ORDER NO. : 139491-005

CUSTOMER NO: 7418276

FOREIGN FILINGS

NAME: HIGH TEENS ADVISORY, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER:

COVER LETTER

TO:		stration Section sion of Corporation	ns					
SUBJE		High Teens Advisor	y, LLC					
CODUD	~·· _		Name of I	imited Liability (Company		· · · · · · · · · · · · · · · · · · ·	
			eign Limited Liability Comp d to register the above refere					
Please re	eturn a	all correspondence o	concerning this matter to the	following:				
		Gregory G. Ma	rio					
			Na	ame of Person				
		High Teens Ad	visory, LLC					
			Fi	rm/Company				
		1500 Ocean Dr	ive, PH05				T ~2	
				Address				
		Miami Beach,	FL 33139				WAR 3	TILED
			City/Si	ate and Zip Code			338	m
		gregmario609@g						O
For furti	her inf	ormation concernin	E-mail address: (to be used g this matter, please call:	for future annual	report not	ification)	A CANADA)
	Greg	gory G. Mario		786	620-24:	58		
		Name o	f Contact Person	_ at (Area Code	_) Day	time Telephon	e Number	
	Divis Regis P.O.	LING ADDRESS: tion of Corporations stration Section Box 6327 hassee, FL 32314			Division of Registrati Clifton B 2661 Exe	ADDRESS: of Corporation on Section uilding cutive Center (ee, FL 32301		
Enclose		check for the follow 25.00 Filing Fee	ing amount: ☐ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filir Certified Copy	ng Fee &		Filing Fee, Certif	icate

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:

· · · · · · · · · · · · · · · · · · ·						
	e name adopted for the purpose of transacting business in F		oility Company," "L.L.C," or "LLC.")			
2. New Jersey (Jurisduction under the law of	which foreign limited liability company is organized)	3. 81-4009687 (FEI numb	er, if applicable)			
•			, , ,			
4. none	(Date first transacted business in Florida, if prior t	o registration.)				
	(Date first transacted business in Florida, if prior t (See sections 605.0904 & 605.0905, F.S. to detern					
5. 1500 Ocean Drive	of Principal Office)	6. 1500 Ocean Drive (Mailing Addi	ress!			
PH05		PH05				
Miami Beach, FL 33	139	Miami Beach, FL 33139				
7. Name and <u>street addr</u> Name:	ress of Florida registered agent: (P.O. Bo Gregory G. Mario	x <u>NOT</u> acceptable)				
Office Address	1500 Ocean Drive, PH05					
	Miami Beach	Florida 33139				
	(City)	, Florida 33139 (Zip cod				
uccopc conguin	ons of my position as registered agent. Gregory G. Mario By:					
			<u> </u>			
8. The name, title or ca <u>Title or Capacity:</u>	pacity and address of the person(s) who hame and Address:		Name and Address:			
	pacity and address of the person(s) who h	as/have authority to manage is/are:	Name and Address:			
Title or Capacity:	pacity and address of the person(s) who hame and Address:	as/have authority to manage is/are:	Name and Address:			
Title or Capacity:	pacity and address of the person(s) who hame and Address: Gregory G. Mario 1500 Ocean Drive, PH05	as/have authority to manage is/are:	Name and Address:			
Title or Capacity: Member	pacity and address of the person(s) who hame and Address: Gregory G. Mario 1500 Ocean Drive, PH05 Miami Beach, FL 33139	as/have authority to manage is/are:	Name and Address:			
Title or Capacity: Member (Use attachments if necessary). Attached is a certification under the law of the translator must be	pacity and address of the person(s) who hame and Address: Gregory G. Mario 1500 Ocean Drive, PH05 Miami Beach, FL 33139 essary) te of existence, no more than 90 days old w of which it is organized. (If the certificate submitted)	as/have authority to manage is/are: Title or Capacity: duly authenticated by the official hate is in a foreign language, a translat	ving custody of records in the ion of the certificate under oath			
Title or Capacity: Member (Use attachments if necessary). Attached is a certifical jurisdiction under the law of the translator must be 10. This document is excessary.	pacity and address of the person(s) who hame and Address: Gregory G. Mario 1500 Ocean Drive, PH05 Miami Beach, FL 33139 essary) te of existence, no more than 90 days old w of which it is organized. (If the certifica	as/have authority to manage is/are: Title or Capacity: duly authenticated by the official hate is in a foreign language, a translat	ving custody of records in the ion of the certificate under oath			
Title or Capacity: Member (Use attachments if necessary). Attached is a certificate jurisdiction under the law of the translator must be 10. This document is excessary.	pacity and address of the person(s) who hame and Address: Gregory G. Mario 1500 Ocean Drive, PH05 Miami Beach, FL 33139 essary) te of existence, no more than 90 days old w of which it is organized. (If the certifical submitted) ecuted in accordance with section 605,020 to the Department of State constitutes a time.	as/have authority to manage is/are: Title or Capacity: duly authenticated by the official hate is in a foreign language, a translate is in a foreign language is/are.	ving custody of records in the ion of the certificate under oath e that any false information s.817.155, F.S.			
Title or Capacity: Member (Use attachments if necessary). Attached is a certifical jurisdiction under the law of the translator must be 10. This document is excessary.	pacity and address of the person(s) who hame and Address: Gregory G. Mario 1500 Ocean Drive, PH05 Miami Beach, FL 33139 essary) te of existence, no more than 90 days old w of which it is organized. (If the certifical submitted) ecuted in accordance with section 605,020 to the Department of State constitutes a time.	as/have authority to manage is/are: Title or Capacity: duly authenticated by the official hate is in a foreign language, a translat	ving custody of records in the ion of the certificate under oath e that any false information s.817.155, F.S.			

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

HIGH TEENS ADVISORY, LLC 0600435237

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 September 28, 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:

GREGORY G MARIO 43 SPRING ST 2ND FL PRINCETON, NJ 08542



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed in my Official Seal at Trenton, this 29th day of March, 2018

Stuken Mun

Elizabeth Maher Muoio Acting State Treasurer

Certificate Number: 6087141770

Verify this certificate online at

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