

118000003279

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

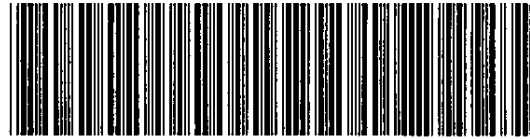
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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03/15/18--01004--021 \*\*160.00

CLERK OF COURT  
TALLAHASSEE, FLORIDA

2018 APR -4 P 3:24

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4/5/1805



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 16, 2018

OLIVER ROSCA  
3513 PAVILION PALMS CIR APT 306  
RIVERVIEW, FL 33578

SUBJECT: CJC LOGISTICS LLC  
Ref. Number: W18000025760

We have received your document for CJC LOGISTICS LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name listed in number one of the application must be identical to the name listed in the certificate of existence.

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 Scott  
Regulatory Specialist II

Letter Number: 318A00005351

RECEIVED

2018 APR -4 AM 9:53

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

2018 APR -4 PM 3:24  
TALLAHASSEE, FLORIDA

FILED

**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. CJC LOGISTICS LIMITED LIABILITY COMPANY

(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 "LLC.")

2. STATE OF NEW JERSEY

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 65-1262176

(FEI number, if applicable)

4. NA

(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 600 VALLEY ROAD SUITE 206

(Street Address of Principal Office)

WAYNE NJ 07470

6. PO BOX 3600

(Mailing Address)

WAYNE NJ 07474

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: OLIVER ROSCA

Office Address: 3513 PAVILION PALMS CIRCLE APT. 306

RIVERVIEW

(City)

, Florida 33578

(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:

PRESIDENT

OLIVER ROSCA

CFO

MARIA ROSCA

21 FAIR RIDGE CT.

WAYNE NJ 07470

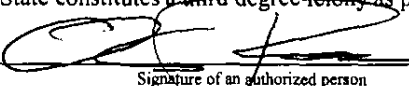
21 FAIR RIDGE CT.

WAYNE NJ 07470

(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

OLIVER ROSCA

Typed or printed name of signee

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

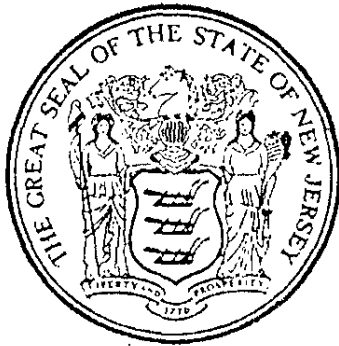
CJC LOGISTICS LIMITED LIABILITY COMPANY  
0400109612

*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 01, 2005.*

*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:*

OLIVER ROSCA  
600 VALLEY ROAD  
SUITE 206  
WAYNE, NJ 07470



IN TESTIMONY WHEREOF, I have  
hereunto set my hand and affixed  
my Official Seal at Trenton, this  
12th day of March, 2018

*Elizabeth Maher Muoio*

Elizabeth Maher Muoio  
Acting State Treasurer

Certificate Number : 608667429

Verify this certificate online at

[https://www1.state.nj.us/TYTR\\_StandingCert/ISP/Verify\\_Cert.jsp](https://www1.state.nj.us/TYTR_StandingCert/ISP/Verify_Cert.jsp)

DEPARTMENT OF STATE  
TREASURER  
TREASURY

2018 APR -4 P 3:26

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