# M18000004007

(Re	questor's Name)					
(Add	dress)					
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(Cit	y/State/Zip/Phone	<del>: #)</del>				
PICK-UP	☐ WAIT	MAIL				
(Business Entity Name)						
(Document Number)						
Certified Copies	_ Certificates	of Status				
Special Instructions to Filing Officer:						
5:87 W17-100463						

Office Use Only



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MACRETA STUBBLE

18 APR 25 PH 3: 53

O SIMMONS APR 2 5 2018



April 13, 2018

PETER TOTH 200 GRAND COVE WAY, #4C EDGEWATER, NJ 07020

We have received your document for LAND BUYER 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):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

The certificate of existence must be issued within the last 90 days by the Secretary of State which has custody of the records in the jurisdiction under the laws of which the above listed entity is incorporated/organized.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons Regulatory Specialist III

Letter Number: 518A00007494

RECEIVED
APR 2 3 2018

#### **COVER LETTER**

TO: Registration Section

SUBJECT: La	ind Buyer LLC				
		Name o	f Limited Liability	Company	
The enclosed "A Existence, and c	application by For heck are submitte	reign Limited Liability Con d to register the above refe	npany for Authoriza renced foreign limi	ation to Tr ited liabilit	ansact Business in Florida," Certificate of by company to transact business in Florida
Please return all	correspondence o	concerning this matter to th	e following:		
	Peter Toth				
		1	Name of Person		<del> </del>
	Land Buyer	LLC			
		Ĩ	Firm/Company		·
	200 Grand	Cove Way 4c		_	
			Address		
	Edgewater NJ	07020			
		City/	State and Zip Code		
	Petertoth1@gm				
		E-mail address: (to be use	ed for future annual	report not	tification)
For further infor	mation concerning	g this matter, please call:			
Peter	Toth		<sub>at (</sub> 646	, 526-4	1290
	Name o	f Contact Person	Area Code	Day	rtime Telephone Number
	NG ADDRESS:			STREET	TADDRESS:
	n of Corporations				of Corporations
Registra P.O. Bo	ation Section				ion Section
	ssee, FL 32314			Clifton B	Building Scutive Center Circle
i unum.	3300, 1 15 323 (4				see, FL 32301
	ck for the followi .00 Filing Fee	ing amount: ☐ \$130.00 Filing Fee &	m elecon mu		FI 6170 00 PW F G G G
<b>90</b> 3123	.oo i mig rec	Certificate of Status	□ \$155.00 Filir Certified Copy	ig ree &	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

### APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605,0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Land Buyer LLC (Name of Fore	ign Limited Liability Company; mus	t include "Limited Liab	lity Company," "L.L.C.," or "l	LLC.")
If name unavailable, enter all Liability Company," "L.L.C."	ternate name adopted for the purpose or "LLC.")	of transacting business	in Florida. The alternate name	must include "Limited
New Jersey		3. 82-2821393		
(Jurisdiction under the law- company is organized)	of which foreign limited liability	J	(FEI number, it applicable)	
i	(Date first transacted busines (See sections 605,0904 & 605,0	ss in Florida, if prior to 0905, F.S. to determine	registration.)	
5. Peter Toth	•			行的 行为 主 一一
200 Grand Cove Way	y 4c Edgewater NJ 07020			R 23
	(Street Address of P	rincipal Office)		m was
6. Peter Toth				
6. Peter Foth 200 Grand Cove Way 4c Edgewater NJ 07020				بن الأبرا
	(Mailing /	Address)		5 B
7. Name and street addres	ss of Florida registered agent; (P.	O. Box <u>NOT</u> accepta	ible)	
Name:	Registered Agents Inc.		_	
Office Address:	3030 N. Rocky Point Dr	. STE 150A		
	Tampa		, Florida <u>33607</u>	
	(City)		(Zip code)	
designated in this applica to complywith the provisi	rgistered agent and to accept servition, I hereby accept the appoint ons of all statutes relative to the my position as registered agent.	ment as registered as	gent and agree to act in this	s capacity. I further agree
	(Regist	ered agent's signature)		
<del>-</del>	acity and address of the person(s)	who has/have author	ity to manage is/arc:	
Peter Toth, Managi	ng Member		······································	
				<del></del>
				<del></del>
<ol> <li>Attached is a certificate jurisdiction under the law of the translator must be s</li> </ol>	Police	ertificate is in a foreig	त्रा language, a translation of	custody of records in the the certificate under oath
	Signature	of an authorized person	1	
This document is executed submitted in a document to	d in accordance with section 605.0 o the Department of State constitu	0203 (1) (b), Florida (	Statutes. I am aware that any	false information 155, F.S.

Typed or printed name of signee

Peter Toth

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

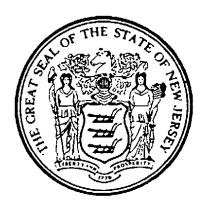
#### LAND BUYER LLC 0450201191

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 18, 2017.

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:

PETER A. TOTH 200 GRAND COVE WAY APT # 4C EDWATER, NJ 07020



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 18th day of December, 2017

Ford M. Scudder Acting State Treasurer

Certificate Number : 6084806652

Verify this certificate online at

https://www1.state.nj.us/TYTR\_StandingCert/JSP/Verify\_Cert.jsp

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

### *LAND BUYER LLC* 0450201191

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I further certify that the registered agent and office are:

PETER A. TOTH 200 GRAND COVE WAY APT # 4C EDWATER, NJ 07020



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 25th day of April, 2018

Elizabeth Maher Muoio State Treasurer

Shak of Men

Certificate Number: 6087791822

Verify this certificate online at

https://www1.state.nj.us/TYTR\_StandingCert/JSP/Verify\_Cert.jsp