

M18000005003

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

(Business Entity Name)

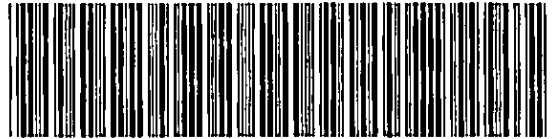
(Document Number)

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**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Dealer Owned Warranty Company, LLC  
\_\_\_\_\_

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Edvie M. Castro, Esq.  
\_\_\_\_\_

Name of Person

Dealer Owned Warranty Company, LLC  
\_\_\_\_\_

Firm/Company

14 Countryside Lane  
\_\_\_\_\_

Address

Ringwood, New Jersey 07456  
\_\_\_\_\_

City/State and Zip Code

edvie.castro@dealerowned.com  
\_\_\_\_\_

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Edvie M. Castro  
\_\_\_\_\_

Name of Contact Person

201  
\_\_\_\_\_

at ( )

Area Code

777-1000 Ext. 7071  
\_\_\_\_\_

Daytime 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:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &  
Certificate of Status

☐ \$155.00 Filing Fee &  
Certified Copy

☒ \$160.00 Filing Fee, Certificate  
of Status & Certified Copy

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:

- (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.")

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

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
- Name: CT Corporation System
- Office Address: 1200 South Pine Island Road
- Plantation, Florida 33324
- (City) (Zip code)

*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)

- | <u>Title or Capacity:</u> | <u>Name and Address:</u> | <u>Title or Capacity:</u> | <u>Name and Address:</u> |
|---------------------------|--------------------------|---------------------------|--------------------------|
| Managing Member           | Debra LaMotta            |                           |                          |
|                           | 14 Countryside Lane      |                           |                          |
|                           | Ringwood, NJ 07456       |                           |                          |
|                           |                          |                           |                          |
|                           |                          |                           |                          |

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)

- Signature of an authorized person

Typed or printed name of signer

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

**DEALER OWNED WARRANTY COMPANY, LLC  
0600431050**

*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 April 29, 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:*

**CT CORPORATION  
820 BEAR TAVERN RD # 305  
EWING TOWNSHIP, NJ 08628**



*IN TESTIMONY WHEREOF, I have  
hereunto set my hand and affixed  
my Official Seal at Trenton, this  
3rd day of April, 2018*

**Elizabeth Maher Muoio  
Acting State Treasurer**

**Certificate Number : 6087203348**

**Verify this certificate online at**

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