## 11180000005876

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



000314867310

July 19 A 4 20

00 :5 I.U 12 40F





June 22, 2018

CSC

Plesse give original submission date as file date.

SUBJECT: DENHOLTZ UCC LLC Ref. Number: W18000058153

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

Please include payment information.

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: 018A00013017

CORPORATION SERVICE COMPANY
1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

.

ACCOUNT NO. : I2000000195

REFERENCE : 261349 4307468

AUTHORIZATION :

COST LIMIT : \$\int \cdot \cdot \cdot 25.00

ORDER DATE : June 18, 2018

ORDER TIME : 9:26 AM

ORDER NO. : 261349-005

CUSTOMER NO: 4307468

## FOREIGN FILINGS

NAME: DENHOLTZ UCC 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: Registration Section

Div	ision of Corporation	ns				
SUBJECT:	DENHOLTZ UCC	LLC				
		Name of	Limited Liability	Company		
		reign Limited Liability Comp d to register the above refer				
Please returr	n all correspondence o	concerning this matter to the	following:			
	Jason J. Krisza	. Esq.				
		N	ame of Person			
	Wilentz, Goldn	nan & Spitzer, P.A.				
		Fi	irm/Company			
	90 Woodbridge	: Center Drive, Suite 900				
			Address			
	Woodbridge, N	lew Jersey, 07095				
		City/S	tate and Zip Code	;		
	jkrisza@wilentz.	com			· · · · · · · · · · · · · · · · · · ·	
		E-mail address: (to be used	d for future annua	l report notification)	<b>=</b>	-77
For further in	nformation concernin	g this matter, please call:				ه د مدیر و فسیر
Jas	on Krisza, Esq.		732 at (	855-6452	<u>-</u>	
	Name o	of Contact Person	Area Code	Daytime Teleph	none Number	じ
Div Reg P.O	AILING ADDRESS: vision of Corporations gistration Section D. Box 6327 lahassee, FL 32314			STREET ADDRESS Division of Corporat Registration Section Clifton Building 2661 Executive Cent Tallahassee, FL 3230	S: No consistence of the second of the secon	
	a check for the follow \$125.00 Filing Fee	ring amount:  \$\sum \text{\$\sum \$130.00 Filing Fee & Certificate of Status}\$	□ \$155.00 Fili Certified Copy		0 Filing Fee, Certif & Certified Copy	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:

name unavailable, enter alternate r	same adopted for the purpose of transacting business in Florida	. The alternate name must include "Limited Link	oility Company," "L L C," or "LLC.")	
Delaware		3		
(Jurisdiction under the law of w	hich foreign laristed liability company is organized)	(FEI numb	er, if applicable)	
N/A				
···-	(Date first transacted business in Florida, if prior to regi (See sections 605 0904 & 605,0905, F.S. to determine p	stration.)		
14 Cliffwood Av		•	Suite 200	
Malawan, NJ 07747		6. 14 Cliffwood Avenue Suite 200 (Mailing Address)		
		_Matawan, NL07747		
Name and <u>street addre</u> Name:	ss of Florida registered agent: (P.O. Box Normal Corporation Service Company	I <u>OT</u> acceptable)		
Office Address:	1201 Hays Street			
	Tallahassee	, Florida 32301 (Zip code		
	(City)	(Zip code	e)	
nd accept the obligation	s of my position as registered agent.  Corporation Service Company  By:	ad complete performance of my o	duties, and I am familiar with Roxanne Turi Asst, Vice Pres	
nd accept the obligation	s of my position as registered agent.	Duni	Roxanne Turi	
	s of my position as registered agent.  Corporation Service Company  By:	June June	Roxanne Turi	
<ol> <li>The name, title or cap</li> </ol>	s of my position as registered agent.  Corporation Service Company  By:  (Registered agent's sign acity and address of the person(s) who has/	nave authority to manage is/are:	Roxanne Turi Asst. Vice Pres	
B. The name, title or cap <u>Title or Capacity:</u>	s of my position as registered agent.  Corporation Service Company By:  (Registered agent's sign acity and address of the person(s) who has/n Name and Address:  Steven J. Denholtz  14 Cliffwood Avenue, Ste 200	nave authority to manage is/are:	Roxanne Turi Asst. Vice Pres	
B. The name, title or cap <u>Title or Capacity:</u>	s of my position as registered agent.  Corporation Service Company By:  (Registered agent's sign acity and address of the person(s) who has/h  Name and Address:  Steven J. Denholtz	nave authority to manage is/are:	Roxanne Turi Asst. Vice Pres	
B. The name, title or cap <u>Title or Capacity:</u>	s of my position as registered agent.  Corporation Service Company By:  (Registered agent's sign acity and address of the person(s) who has/n Name and Address:  Steven J. Denholtz  14 Cliffwood Avenue, Ste 200	nave authority to manage is/are:	Roxanne Turn Asst. Vice Pres	
B. The name, title or cap <u>Title or Capacity:</u>	s of my position as registered agent.  Corporation Service Company By:  (Registered agent's sign acity and address of the person(s) who has/n Name and Address:  Steven J. Denholtz  14 Cliffwood Avenue, Ste 200	nave authority to manage is/are:	Roxanne Turi Asst. Vice Pres	
B. The name, title or cap <u>Title or Capacity:</u>	s of my position as registered agent.  Corporation Service Company By:  (Registered agent's sign acity and address of the person(s) who has/n Name and Address:  Steven J. Denholtz  14 Cliffwood Avenue, Ste 200	nave authority to manage is/are:	Roxanne Turn Asst. Vice Pres	
B. The name, title or cap <u>Title or Capacity:</u>	Sof my position as registered agent.  Corporation Service Company By:  (Registered agent's sign acity and address of the person(s) who has/n Name and Address:  Steven J. Denholtz  14 Cliffwood Avenue, Ste 200 Matawan, New Jersey, 07747	nave authority to manage is/are:	Roxanne Turn Asst. Vice Pres	
B. The name, title or cap  Title or Capacity:  Manager  Use attachments if neces  Attached is a certificate or is diction under the law of the translator must be seen as a content of the translator	Sof my position as registered agent.  Corporation Service Company By:  (Registered agent's sign acity and address of the person(s) who has/n  Name and Address:  Steven J. Denholtz  14 Cliffwood Avenue, Ste 200  Matawan, New Jersey 07747  ssary)  sof existence, no more than 90 days old, du of which it is organized. (If the certificate is ubmitted)	nave authority to manage is/are:  Title or Capacity:  ly authenticated by the official has in a foreign language, a translati	Name and Address:  Name and Addr	
3. The name, title or cap  Title or Capacity:  Manager  Use attachments if neces  Attached is a certificate or is diction under the law of the translator must be s  0. This document is executed.	s of my position as registered agent.  Corporation Service Company By:  (Registered agent's sign acity and address of the person(s) who has/n Name and Address:  Steven J. Denholtz  14 Cliffwood Avenue, Ste 200 Matawan, New Jersey, 07747  ssary)  of existence, no more than 90 days old, durof which it is organized. (If the certificate is	In a foreign language, a translation (b), Florida Statutes. I am awar	Name and Address:  Name and Address:  No control of the certificate under oath that any false information	
3. The name, title or cap  Title or Capacity:  Manager  Use attachments if neces  Attached is a certificate or is diction under the law of the translator must be s  0. This document is executed.	Sof my position as registered agent.  Corporation Service Company By:  (Registered agent's sign acity and address of the person(s) who has/n Name and Address:  Steven J. Denholtz  14 Cliffwood Avenue, Ste 200 Matawan, New Jersey 07747  ssary)  c of existence, no more than 90 days old, du of which it is organized. (If the certificate is ubmitted)  cuted in accordance with section 603.0203 (to the Department of State constitutes a third	In a foreign language, a translation (b), Florida Statutes. I am awar	Name and Address:  Name and Address:  No control of the certificate under oath that any false information	
3. The name, title or cap  Title or Capacity:  Manager  Use attachments if neces  Attached is a certificate or is diction under the law of the translator must be s  0. This document is executed.	Sof my position as registered agent.  Corporation Service Company By:  (Registered agent's sign acity and address of the person(s) who has/n Name and Address:  Steven J. Denholtz  14 Cliffwood Avenue, Ste 200 Matawan, New Jersey 07747  ssary)  c of existence, no more than 90 days old, du of which it is organized. (If the certificate is ubmitted)  cuted in accordance with section 603.0203 (to the Department of State constitutes a third	In a foreign language, a translation of the following provided for in a nuthwized person	Name and Address:  Name and Address:  No control of the certificate under oath that any false information	



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "DENHOLTZ UCC LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE EIGHTEENTH DAY OF JUNE, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "DENHOLTZ UCC LLC" WAS FORMED ON THE FIFTEENTH DAY OF JUNE, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.



Authentication: 202907069

Date: 06-18-18

6933366 8300 SR# 20185220601