

7/3/2018

Division of Corporations

M18000006165

**Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H18000195304 3)))



H180001953043ABC+

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (954)208-0845

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**Foreign Limited Liability Company
NJLIEN.COM, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00



RECEIVED

2018 JUL -3 AM 11:18

DIVISION OF CORPORATIONS
TALLAHASSEE, FL

J I EGGETT
JUL 05 2018

[Electronic Filing Menu](#)
[Corporate Filing Menu](#)
[Help](#)

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

IN COMPLIANCE WITH SECTION 605.0202, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. NJLien.com, LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "LLP")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "LLP.")

2. New Jersey

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

3. 20-852 0448

(FEI number, if applicable)

4. _____

(Date first transacted business in Florida, if prior to registration.
(See sections 605.0204 & 605.0203, F.S. to determine penalty liability)

5. _____

(Street Address of Principal Office)

160 SW 12th Avenue, Suite 103A
DEERFIELD BEACH, Florida, 33442, US

6. _____

(Mailing Address)

160 SW 12th Avenue, Suite 103A
DEERFIELD BEACH, Florida, 33442, US

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

Name: Cherie Alley
Office Address: 160 SW 12th Ave Suite 103A
Deerfield Beach, Florida 33442

(City)

(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.

By: Cherie Alley

(Registered agent 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:

Member

Stephen Winkles
160 SW 12th Ave, Suite 103A
Deerfield Beach, Florida 33442

Member

Lee Tesser
946 Main St.
Hackensack, NJ 07601

Member

Steven Cohen
946 Main St.
Hackensack, NJ 07601

(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.817.133, F.S.

Signature of an authorized person

Stephen Winkles

Typed or printed name of signer

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

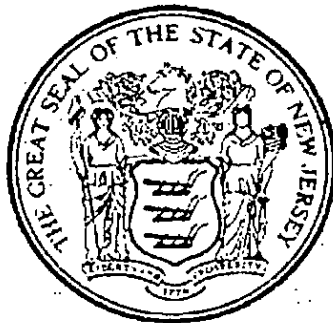
**NJLIEN.COM, LLC
0600293075**

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 February 27, 2007.

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:

**NJLIEN.COM, LLC
946 MAIN STREET
SUITE 102
HACKENSACK, NJ 07601**



*IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed
my Official Seal at Trenton, this
1st day of May, 2018*

A handwritten signature in cursive script, appearing to read "Elizabeth Maher Muoio".

**Elizabeth Maher Muoio
State Treasurer**

Certificate Number : 6087928606

Verify this certificate online at

http://www1.state.nj.us/777R_StandingCert/ISP/Verify_Cert.jsp