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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : VCORP SERVICES, LLC

Account Number : I20080000067

: (845)425-0077

Phone Fax Number

: (845)818-3588

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

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FLORIDA LIMITED LIABILITY CO.

Batts Holdings LLC

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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. Batts Holdings LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") (If name unavailable, enter alternate usens adopted for the purpose of transacting business in Florida. The alternate usus must include "Limited Liability Company," "LLC," or "LLC.") 2 DE (FEI number, if applicable) (Jurisdiction under the law of which foreign limited liability company is organized) 4/27/2018 (Date first transacted business in Flonds, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 6. 130 Bodman Place 130 Bodman Place (Mailing Address) (Street Address of Principal Office) Red Bank NJ 07701 Redbank NJ 07701 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Vcorp Services, LLC Name: 5011 South State Road 7, Suite 106 Office Address: Davic 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 find there 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. mi miti (Registered agent's signature) 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Name and Address: Title or Capacity: Name and Address: Title or Capacity: Victor Battaglia Member 875 E. Camino Real, Apt 14G Boca Raton Fl, 33432 (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 feleny as provided for in s.817.155, F.S.

Typed or printed same of signee

Victor Battaglia

Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "BATTS HOLDINGS 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 SIXTH DAY OF JULY, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BATTS HOLDINGS LLC" WAS FORMED ON THE TWENTY-SEVENTH DAY OF APRIL, A.D. 2018.

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

Authentication: 203022802

Date: 07-06-18