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July 20, 2018

DIVISION OF CORPORATIONS

REGISTRATION SECTION

PO BOX 6327

TALLAHASSEE, FL 32314

RE:

SIX THIRTEEN ORIGINALS LLC

REGISTER TO TRANSACT BUSINESS IN FLORIDA

Attached is our applications to transact business in Florida, as a foreign entity registered and headquartered in New Jersey. We will begin selling in August.

I understand the original was rejected as it was missing Bill Havre's signature. The attached corrects that error. We have already paid the fee.

We request your prompt attention to register us and communicate same, as we have acquired an office in Holiday, FL and will need confirmation in order to activate the utilities.

Please feel free to contact me if you have any questions or concerns, or anything that might cause a delay in processing the attached application.

Thanks and regards,

Joe Endrés, CFO

Six Thirteen Originals LLC

jendres@613originals.com

Cell 973-866-8635

COVER LETTER

TÓ:

Registration Section
Division of Corporations

SIX THIRTEEN ORIGINALS LLC

SUBJECT

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:

Joseph Endres	
Name of Person	
SIX THIRTEEN ORIGINALS LLC	
Firm/Company	
18C Industrial Ave	
Address	
Mahwah, NJ 07430	
City/State and Zip Code iendres@613originals.com	

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

For further information concerning this matter, please call:

Joe Endres

_973

866-8635

Name of Contact Person

Area Code

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

June 1000



July 18, 2018

JOSEPH ENDRES 18-C INDUSTRIAL AVE MAHWAH, NJ 04730 US

SUBJECT: SIX THIRTEEN ORIGINALS LLC

Ref. Number: W18000065738

We have received your document for SIX THIRTEEN ORIGINALS LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return the corrected original and one copy of 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.

Letter Number: 418A00014748

Janeice L Smith
Regulatory Specialist II
Registration Section

www.sunbiz.org

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

IN COMPILANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANYTOTRANSACT BUSINESS IN THE STATE OF FLORIDA:

		ed Liability Company," "L.L.C.," or "L	
	name adopted for the purpose of transacting business in Flo	orida. The alternate name must include "Limit	ed Liability Company," "L.L.C." or "LLC."
NEW JERSEY		_{3.} 82-3834790	
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	(FE	I mumber, (f applicable)
7/1/18			
	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605,0905, F.S. to determ	registration } inc penalty liability)	
SIX THIRTEEN O			RIGINALSTIC
(Street Address of	Principal Office)	6. SIX THIRTEEN OF (Mailing	
18C INDUSTRIAL	AVE	1007 US Highway	19
MAHWAH, NJ 074	30	Holiday, FL 34691	<u>-</u>
Name: Office Address:	3030 N. Rocky Point Dr. STE 1		7
Office Address: gistered agent's accep ving been named as re ignated in this applica comply with the provisi	Tampa (City) Stance: Tampa otance: Tampa otance: Tampa City) Stance: Tampa Tampa Tampa Total Total Tampa Total Total	Florida 33603	nited liability company at the part of the part of this capacity. I further
Office Address: gistered agent's accep wing been named as re signated in this applica comply with the provisi	Tampa (City) stance: egistered agent and to accept service of pation, I hereby accept the appointment a.	Florida 33603	nited liability company at the part of the part of this capacity. I further
Office Address: gistered agent's acception been named as resignated in this application with the provise	Tampa (City) Stance: Tampa otance: Tampa otance: Tampa City) Stance: Tampa Tampa Tampa Total Total Tampa Total Total	Florida 3360. The process for the above stated limes registered agent and agree to and complete performance of	nited liability company at the part of the part of this capacity. I further
Office Address: egistered agent's acceptiving been named as resignated in this application with the provised accept the obligation.	Tampa (City) Stance: Signification of a service of pation, I hereby accept the appointment and ions of all statutes relative to the proper of my position as registered agent. (Registered agent's a serity and address of the person(s) who has Name and Address: Joe Endres [4 George St	Florida 3360 process for the above stated lim s registered agent and agree to and complete performance of supparture)	nited liability company at the part of the part of this capacity. I further my duties, and I am familiar
Office Address: egistered agent's acceptiving been named as resignated in this application accept the obligation. The name, title or capation.	Tampa (City) Stance: Significant and to accept service of pation, I hereby accept the appointment alions of all statutes relative to the proper sof my position as registered agent. (Registered agent's accity and address of the person(s) who has Name and Address: Joe Endres	Florida 3360 corocess for the above stated limbs registered agent and agree to and complete performance of supparture)	nited liability company at the post in this capacity. I further my duties, and I am familiar
Office Address: egistered agent's acceptiving been named as resignated in this application of accept the obligation. The name, title or capa Title or Capacity: CFO	Tampa (City) Intance: Registered agent and to accept service of pation, I hereby accept the appointment actions of all statutes relative to the proper as of my position as registered agent. (Registered agent's accept and address of the person(s) who has a Name and Address: Joe Endres 14 George St Buller, NJ 07405	Florida 3360 corocess for the above stated limbs registered agent and agree to and complete performance of supparture)	nited liability company at the part in this capacity. I further my duties, and I am familiar re: Name and Address:

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information

Signature of an authorized person

submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

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

SIX THIRTEEN ORIGINALS LLC

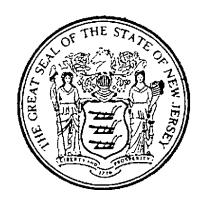
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I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Limited Liability Company was registered by this office on December 29, 2017.

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:

FRANK FLANAGAN 18 INDUSTRIAL AVENUE MAHWAH, NJ 07430



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

der A Mun

Elizabeth Maher Muoio State Treasurer

Certificate Number: 6089523454

Verify this certificate online at