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(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

O SIMMONS
JUL 28 2018

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MILANO DOORS 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:

ARTHUR SHIKHMAN

Name of Person

Firm/Company

1864 CLOVE ROAD

Address

STATEN ISLAND, NY 10304

City/State and Zip Code

kmilanodoors@gmail.com

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

For further information concerning this matter, please call:

ARTHUR SHIKHMAN

718
at (_____) _____

815-5000

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

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. MILANO DOORS LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(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.")

2. NEW JERSEY

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

3. 82-5133023

(FEI number, if applicable)

4. 07/15/2018

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

5. 594 JERSEY AVE

(Street Address of Principal Office)

NEW BRUNSWICK NJ 08901

6. 594 JERSEY AVE

(Mailing Address)

NEW BRUNSWICK NJ 08901

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

Name: ARTHUR SHIKHMAN

Office Address: 265-A W HILLSBORO BLVD

DEERFIELD BEACH

(City)

, Florida 33442

(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.

Arthur Shikhman

(Registered agent's 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:

MANAGER

ARTHUR SHIKHMAN

MANAGER

BORIS ANTONOV

1864 CLOVE RD
STATEN ISLAND NY 10304

594 JERSEY AVE
NEW BRUNSWICK NJ 08901

(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.817.155, F.S.

Arthur Shikhman

Signature of an authorized person

ARTHUR SHIKHMAN

Typed or printed name of signer

**STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES
LONG FORM STANDING WITH OFFICERS AND DIRECTORS**

MILANO DOORS LLC
0450259378

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 10, 2018.

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:

ARTHUR SHIKHMAN
594 JERSEY AVE
NEW BRUNSWICK, NJ 08901

I further certify that as of the date of this certificate, the following were listed as officers/directors of this business.

OTHER

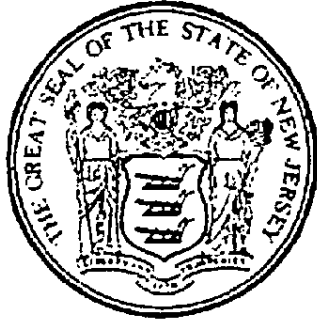
INTERBORO MANAGEMENT
SERVICES INC
1864 CLOVE RD
STATEN ISLAND, NY 10304

OTHER

BORIS ANTONOV
594 JERSEY AVE
NEW BRUNSWICK, NJ 08901

**STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES
LONG FORM STANDING WITH OFFICERS AND DIRECTORS**

MILANO DOORS LLC
0450259378



*IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed
my Official Seal at Trenton, this
29th day of June, 2018.*

A handwritten signature in black ink, appearing to read "Elizabeth Maher Muoio".

*Elizabeth Maher Muoio
State Treasurer*

Certificate Number : 6089471156

Verify this certificate online at

https://www1.state.nj.us/TYTR_StandingCert/ISP/Verify_Cert.jsp