

M18000007584

(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:

7/27

Office Use Only



000314721290

06/21/18--01005--018 \*\*130.00

FILED  
18 AUG 15 AM 8:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY  
AUG 16 2018

W18 - 58338



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 22, 2018

JOANNE MARLOWE  
187 ROUTE 36, SUITE 210  
WEST LONG BRANCH, NJ 07764

SUBJECT: FIRST ENROLL, LLC  
Ref. Number: W18000058338

We have received your document for FIRST ENROLL, LLC and your check(s) totaling \$130.00. However, the document has not been filed and is being retained in this office for the following:

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

Please return 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.

Jenna D Harris  
Regulatory Specialist II

Letter Number: 218A00013070

RECEIVED  
2018 JUL -5 PM 12:14  
FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FL



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 9, 2018

JOANNE MARLOWE  
187 ROUTE 36, SUITE 210  
WEST LONG BRANCH, NJ 07764

SUBJECT: FIRST ENROLL, LLC  
Ref. Number: W18000058338

We have received your document for FIRST ENROLL, 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):

You failed to make the correction(s) requested in our previous letter.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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: 018A00014094

RECEIVED  
2018 JUL 27 PM 12:57  
DIVISION OF CORPORATIONS  
FLORIDA DEPARTMENT OF STATE

# FAX

Company: First Enroll, LLC

**TO:**

Name: Deonne/Karen

Fax Number: 850-245-6030

Date: 8/15/18

# of Pages: 4

(including cover sheet)

**FROM:**

Name: Joanne Marlowe

Contact Number: 732-440-8600 ext 306

**Subject:** Application for Certificate of Authority

☐ Urgent

☐ Please Reply

**Message:**

Good Morning,

Thank you for speaking with me earlier. I have attached the pages as discussed this morning. If you could please let me know any update on our filing as soon as possible it would be greatly appreciated. Please contact me at either the number above or email me at [jmarlowe@firstenroll.com](mailto:jmarlowe@firstenroll.com)

Thank you so much!

Have a GREAT day!

2018 AUG 15 AM 10:12

RECEIVED  
OFFICE OF COMPTROLLER  
OF REVENUE  
STATE OF FLORIDA

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: First Enroll, 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:

Joanne Marlowe  
Name of Person

First Enroll, LLC  
Firm/Company

187 Route 36, Suite 210  
Address

West Long Branch, NJ 07764  
City/State and Zip Code

jmarlowe@firstenroll.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joanne Marlowe at ( 732 ) 440-8600  
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 605.0202, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. First Enroll 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. 82-4559652  
(EIN number, if applicable)

4. \_\_\_\_\_  
(Date first transacted business in Florida (if prior to registration) (See sections 605.0204 & 605.0205, F.S. to determine penalty liability))

5. 187 Route 36, Suite 210  
(Street Address of Principal Office)

6. 187 Route 36, Suite 210  
(Mailing Address)

West Long Branch, NJ 07764

West Long Branch, NJ 07764

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

Name: InCorp Services, Inc.

Office Address: 17888 67th Court North

Loxahatchee Florida 33470  
(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 time 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.

Courtney Thomas on behalf of InCorp Services, Inc.

(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: |
|--------------------|--|--------------------|-------------------|
| <u>Owner</u>       | <u>Isaac Cohen</u><br><u>34 Georgetown Rd</u><br><u>Falmouth, NJ 07724</u> |                    |                   |
|                    |  |                    |                   |
|                    |  |                    |                   |
|                    |  |                    |                   |

(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.

Isaac Cohen  
(Signature of an authorized person)

Isaac Cohen

(Typed or printed name of signer)

FILED  
18 AUG 15 AM 8:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

**FIRST ENROLL, LLC  
0450245242**

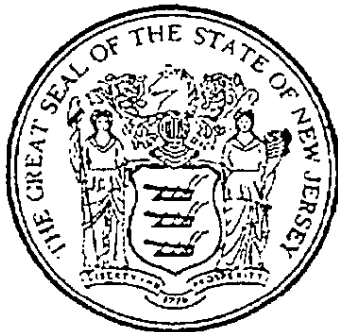
*I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Limited Liability Company was registered by this office on February 26, 2018.*

*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:*

**SPIEGEL & UTRERA P.A  
642 BROAD STREET  
SUITE 2  
CLIFTON, NJ 07013-0000**

**FILED  
18 AUG 15 AM 8:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



*IN TESTIMONY WHEREOF, I have  
hereunto set my hand and affixed  
my Official Seal at Trenton, this  
19th day of June, 2018.*

*Elizabeth Maher Muoio*

**Elizabeth Maher Muoio  
State Treasurer**

*Certificate Number : 6059145312*

*Verify this certificate online at*

*[https://www1.state.nj.us/TYTR\\_Stand.org/Cert/ISP/Verify\\_Cert.asp](https://www1.state.nj.us/TYTR_Stand.org/Cert/ISP/Verify_Cert.asp)*