# M1800086011

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
W18-80878
Office Use Only



09/04/1801004001	**100.00
03/20/1801003001	**25.00



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# FLORIDA DEPARTMENT OF STATE Division of Corporations

September 10, 2018

ELIZABETH BARR 1501 TILTON ROAD, 2ND FLOOR NORTHFIELD, NJ 08225

SUBJECT: ATLANTIC LAND TRANSFER SERVICES, LLC Ref. Number: W18000080878

We have received your document for ATLANTIC LAND TRANSFER SERVICES, LLC and your check(s) totaling \$100.00. However, the document has not been filed and is being retained in this office for the following:

The fees to file a Florida Limited Liability Company or register a Foreign Limited Liability Company are as follows: \$100 filing fee; and \$25 registered agent of designation fee. Please include an additional \$30 for each certified copy requested (optional) and \$5.00 for each certificate of status requested (optional).

There is a balance due of \$25.00.

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.

Deborah Bruce Corporate Records Supervisor

Letter Number: 718A00018769

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· · ·	COVER	LETTER		
TO: Registratio Division of	on Section f Corporations			
Atlant	ic Land Transfer Services, LLC			
	Name of Limit	ed Liability (	Company	
	ication by Foreign Limited Liability Company t k are submitted to register the above referenced			
Please return all cor	respondence concerning this matter to the follow	wing:		
E	lizabeth Barr			
—	Name o	of Person	<u> </u>	
A	tlantic Land Transfer Services, LLC			
	Firm/C	ompany		
1	501 Tilton Road, 2nd Floor			. 201
	Ado	lress		
N	lorthfield NJ 08225			
_	City/State a	nd Zip Code		•
bel	tsybarr@tcjonline.com			
	E-mail address: (to be used for t	itture annual	report notification)	C27
For further informat	ion concerning this matter, please call:			
Elizabeth —	Barrat (	609	391-9400 )	
	Name of Contact Person	Area Code	Daytime Telephone Number	
			STREET ADDRESS: Division of Corporations Registration Section Clifton Building	

Enclosed is a check for the following amount: ■ \$125.00 Filing Fee □ \$130.00 Filing Fee & Certificate of Status

Tallahassee, FL 32314

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□ \$155.00 Filing Fee & Certified Copy

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□ \$160.00 Filing Fee, Certificate of Status & Certified Copy

2661 Executive Center Circle Tallahassee, FL 32301

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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 Atlantic Land Transfer Services, LLC

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

If name unavailable, enter alternate na	ame adopted for the purpose of transacting business in Fle	orida. The al	ternate name must include "Limited Liability	Company," "L.L.C," or "LLC."
2. New Jersey		3.	47-3721870	
(Jurisdiction under the law of wh	seh foreign limited liability company is organized)		(FEI number, if	(applicable)
4.				
	(Date first transacted business in Florida, if prior to (See sections 605/0904 & 605.0905, F.S. to detern	registration tine penalty	) hab(hty)	
, 1501 Tilton Road, 2n	d Floor	6.	1501 Tilton Road, 2nd Floor	r
(Street Address of P	rincipal Office)		(Mailing Address)	
Northfield NJ 08225			Northfield NJ 08225	
			<b></b>	<u> </u>
		NOT		LCSE SECTO
. Name and street addres	s of Florida registered agent: (P.O. Bo)	K <u>NOT</u> ;	eceptable)	5 0
Name:	Deanna Podgorski	- <u>u</u>		<u>م</u>
Office Address:	227 Oakpoint Circle			
	Davenport		, Florida <u>33837</u>	
Registered agent's accen	(Cay)		(Zip code)	

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.

Fodor (Registered agent's signature) DCUMOCL POLL gorski

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	Title or Capacity:	<u>Name and Address:</u>
EVP	Elizabeth Barr 1501 Tilton Rd 2001 FL Northfield-NJ 08225		
<u> </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, 1 am aware that any false information submitted in a document to the Department of Staty constructs a third degree felony as provided for in s.817.155, F.S.

o the toepartmen	a of State Constraints a unit degree reiony as provided for this 817.
	Signature of an authorized person
	Elizabeth Barr
	Fyped of printed name of signee

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

## ATLANTIC LAND TRANSFER SERVICES LIMITED LIABILITY COMPANY 0400669541

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 June 27, 2014.

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:

JOHN L. LINNINGTON III 1501 TILTON ROAD, 2ND FLOOR SUITE 201 NORTHFIELD, NJ 08225

I further certify that as of the date of this certificate, the following were listed as officers/directors of this business on the last Annual Report filed in this office on April 25, 2018.

OTHER

DR. ARNOLD BERMAN 809 MORRIS AVENUE BRYN MAWR, PA 19010



IN TESTIMONY WHEREOF, 1 have hereunto set my hand and affixed my Official Seal at Trenton, this 24th day of August, 2018

Alun Alum

Elizabeth Maher Muoio State Treasurer

""umber : 6090762740 "e-unline at andingCert/JSP/Vertfv\_Cert.jsp