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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

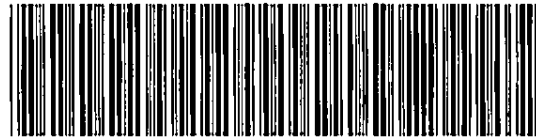
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
2018 OCT 15 PM 4:00
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA
RECEIVED
OCT 15 2018

T. CLINE

OCT 26 2018

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: John F. Dias, 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:

John Díaz

Name of Person

Firm/Company

7505 Fawn Lake Road

Address

New Port Richey, Florida 34655

City/State and Zip Code

johndias80@gmail.com

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

For further information concerning this matter, please call:

John Dias

727

992-0292

at (_____)

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

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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. John F. Dias, 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 3. 26-1331505
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

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

5. 7505 Fawn Lake Road 6. 7505 Fawn Lake Road
(Street Address of Principal Office) (Mailing Address)
New Port Richey, FL 34655 New Port Richey, FL 34655

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

Name: John Dias
Office Address: 7505 Fawn Lake Road
New Port Richey, Florida 34655
(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 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.

John F. Dias
(Registered agent's signature)

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>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<u>Owner</u>	<u>John Dias</u> <u>7505 Fawn Lake</u> <u>Road</u>	_____	_____
_____	<u>New Port Richey</u> <u>FL 34655</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.

John F. Dias
Signature of an authorized person

John F Dias
Typed or printed name of signee

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

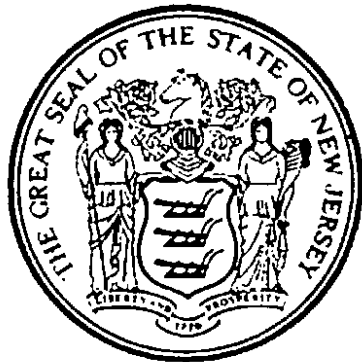
JOHN F. DIAS, LLC
0400202349

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 October 29, 2007.

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 F. DIAS
209 BLOOMFIELD AVE
BLOOMFIELD, NJ 07003-5621



*IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed
my Official Seal at Trenton, this
10th day of October, 2018*

Elizabeth Maher Muoio
State Treasurer

Certificate Number : 6091903719

Verify this certificate online at

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

NEW JERSEY DEPARTMENT OF TREASURY
DIVISION OF REVENUE, BUSINESS GATEWAY SERVICES

CERTIFICATE OF FORMATION

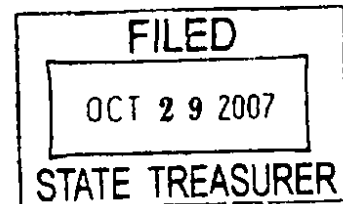
JOHN F. DIAS, LLC
0400202349

The above-named DOMESTIC LIMITED LIABILITY COMPANY was duly filed in accordance with New Jersey State Law on 10/29/2007 and was assigned identification number 0400202349. Following are the articles that constitute its original certificate.

1. **Name:**
JOHN F. DIAS, LLC
 2. **The Registered Agent:**
CORPORATION SERVICE COMPANY
 3. **The Registered Office:**
830 BEAR TAVERN RD
WEST TRENTON, NJ 08628
 4. **Business Purpose:**
Miscellaneous Service
 5. **Provisions Long:**
THE LLC SHALL BE RUN BY MEMBERS.
 6. **Members/Managers:**
JOHN F DIAS
49 FLORENCE AVENUE

BELLEVILLE , NJ 07109
 7. **The Main Business Address:**
49 FLORENCE AVENUE
BELLEVILLE, NJ 07109
- Signatures:**
JOHN F. DIAS
AUTHORIZED REPRESENTATIVE

LLC



Continued on next page ...

NEW JERSEY DEPARTMENT OF TREASURY
DIVISION OF REVENUE, BUSINESS GATEWAY SERVICES

CERTIFICATE OF FORMATION

JOHN F. DIAS, LLC
0400202349

IN TESTIMONY WHEREOF, I have
hereunto set my hand and
affixed my Official Seal
at Trenton, this
10/30/2007



Michellene Davis
Treasurer of the State of New Jersey