M 180000 10120

(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:
W1894735

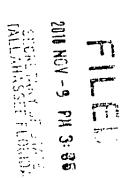
Office Use Only



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10/17/18--01088--020 **125.00

RECEIVED
OCT 1 6 2018



D. BRUCE NOV 0 9 2018



RIA INTERNATIONAL LLC

11 Melanie Lane, Unit # 17. East Hanover, NJ 07936 Phone: (973) 581-1282 Fax: (973) 581-1283

E-mail: ria@riausa.net web: www: riausa.net

11/7/18
Ref # W18000094735
FLORIDA DIVISION OF STATE
DIVISION OF CORPORATIONS
2661 EXECUTIVE CENTER CICLE
TALLAHASSEE FLORIDA 32301

Dear Deborah Bruce or Vince Smith

Enclosed please find a copy of this letter, your letter dated 10/27/18. The letter of good standing, and the revised paperwork you asked for

Since another company has our same business name we have asked you to change ours to

RIA INTERNATIONAL OF NJ LLC

THANK YOU

MICHAEL S HAULSEE 2900 PELHAM ROAD NORTH ST PETERSBURG FL 33710

had I Hause

CC Rosine Imperato
Ria International LEC
11 Melanie Lane Unit 17
East Hanover N J 07936
973-581-1282 x 14 fax 1283
ri@riausa.net
www.riausa.net

2011 NOV -9 PH 3: 35



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 27, 2018

MICHAEL S HAULSEE 2900 PELHAM ROAD NORTH ST PETERSBURG, FL 33710

SUBJECT: RIA INTERNATIONAL LLC

Ref. Number: W18000094735

We have received your document for RIA INTERNATIONAL LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed; and is being returned for the following correction(s):

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.", also are no longer acceptable.

The document number of the name conflict is L09000037298.

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.

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2011 NOV -9 PH 3: 86

www.sunbiz.org

COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJI	RIA International LLC		
		f Limited Liability Company	
The en	closed "Application by Foreign Limited Liability Connec, and check are submitted to register the above refe	npany for Authorization to Transact Business in F renced foreign limited liability company to transa	lorida," Certificate of act business in Florida,
Please	return all correspondence concerning this matter to th	e following:	
	Michael S Haulsee		
	1	Name of Person	
		Firm/Company	
	2900 Pelham Road North		
	ST Petersburg GL 33710	Address	ZEL NOV
	ri@riausa.net	State and Zip Code	V-9 P
For fu	E-mail address: (to be us ther information concerning this matter, please call:	ed for future annual report notification)	
	Rosine Imperato	973 581-1282	
	Name of Contact Person MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314	Area Code Daytime Telephone Nu STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circl Tallahassee, FL 32301	
Euclos	ed is a check for the following amount: \$\forall \$125.00\$ Filing Fee \$\times \text{Certificate of Status}\$	☐ \$155.00 Filing Fee & ☐ \$160.00 Filing Certified Copy of Status & Certi	

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 HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF PLORIDA.

	this adopted for the purpose of transacting business in		.iability Company," "L.L.C." or "LLC.")
Sate of NJ	ech facigo leinteu hability conceny is arranticel)	3. 06-1391364	imber, if somewhile)
parisonal and the law of all		, =	
10/03/2018	(Date link transacted business in Florida if onor	f to registration)	
	(Date first transacted business in Florida, if prior (See section) 505 0914 & 605,0905, F.S. in dete	•	
11 Melanie Lane Unit		6. 11 Melanie Lane Unit 17	aldress)
East Hanover NJ 07936		East Hanover NJ 07936	·
Name and <u>street address</u>	ss of Florida registered agent: (P.O. B Michael S Hautsce	Box <u>NOT acceptable</u>)	
Office Address:	2900 Pelham Rd North		
	St Petersburg	, Florida 33710	
		riones	
esignated in this applica comply with the provis	mance: egistered agent and to accept service ation, I hereby accept the appointmentions of all statutes relative to the project of my position as registered agent. (Recurred second	of process for the above stated limi- at as registered agent and agree to a per and complete performance of n	ted liability company at the pact in this capacity. I furthe
Taving been named as reesignated in this applicate occupy with the provisind accept the obligation 3. The name, title or cap	stance: agistared agent and to accept service ation, I hereby accept the appointment ations of all statutes relative to the pro- us of my position as registered agent. (Recurred secondary and address of the person(s) who	of process for the above stated limit as registered agent and agree to a per and complete performance of n complete perfor	ted liability company at the pact in this capacity. I furthe my duties, and I am familiar
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Taving been named as resignated in this applicate to this applicate occupy with the provising accept the obligation. The name, title or caparity: Pres (Use attachments if necess)	plance: agistared agent and to accept service ation, I hereby accept the appointment ations of all statutes relative to the pro- ass of my position as registered agent. Recenced sectors and address of the person(s) who Name and Address: Pardeep Sethith 11.Melana.Lal? Isast-Hamover-ist essary) te of existence, no more than 90 days of	of process for the above stated limit as registered agent and agree to a per and complete performance of notices of signature. Title of Capacity:	Name and Address:
Taving been named as resignated in this applicate to this applicate occupy with the provising accept the obligation. The name, title or caparity: Pres (Use attachments if necess)	prance: agistared agent and to accept service attion. I hereby accept the appointmentions of all statutes relative to the property of my position as registered agent. (Recurred specially and address of the person(s) who name and Address: Pardeep Sethth (11.Melanne L.a.17) (East-blamour 181) (East-blamour 181)	of process for the above stated limit as registered agent and agree to a per and complete performance of notices of signature. Title of Capacity:	Name and Address:

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

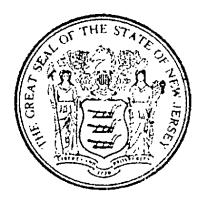
RIA INTERNATIONAL, L.L.C. 0600017250

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 23, 1994.

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:

PARDEEP K SETHI 11 MELANIE LANE UNIT 17 EAST HANOUER, NJ 07936



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Scal at Trenton, this 7th day of November, 2018

Elizabeth Maher Muoio State Treasurer

Thus of Mour

Comficate Number - 5692630945

Lengy this cecuficate reduce at

lings, www.f.state.ni.us/TYTR/Standings/err/JSF territy/Cert/pp