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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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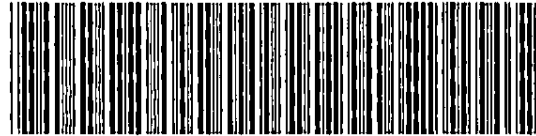
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N CULLIGAN

NOV 27 2018

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Berkower 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:

Maurice Berkower

Name of Person

Berkower LLC

Firm/Company

517 US Highway 1 South Suite 4103

Address

Iselin, N. J. 08830

City/State and Zip Code

mb@berkowerllc.com

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

For further information concerning this matter, please call:

Maurice Berkower

at (732) 781-2712

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. Berkower 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. 13-3313779
(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. 517 US Highway 1 South Suite 4103
(Street Address of Principal Office)
Iselin, N. J. 08830

6. 517 US Highway 1 South Suite 4103
(Mailing Address)
Iselin, N. J. 08830

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

Name: Michael Lapat
Office Address: 2855 University Drive
Coral Springs, Florida 33065
(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.

Michael Lapat
(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>Partner</u>	<u>Maurice Berkower</u> <u>517 US Hwy 1 S</u> <u>Iselin NJ 08830</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.

Maurice Berkower
Signature of an authorized person

Maurice Berkower
Typed or printed name of signer

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SECRETARY OF STATE
TREASURER

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

BERKOWER LLC
0600016743

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 November 30, 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:

*Maurice Berkower
517 Route One South - suite 4103
Iselin, NJ 08830*

I further certify that as of the date of this certificate, the following amendments and changes are on file in this office:

MERGER	02/09/1995
NAME CHANGE	07/23/1996
NAME CHANGE	07/23/1996
CHANGE OF REGISTERED OFFICE	09/20/2002
CHANGE OF AGENT AND OFFICE	09/21/2005
NAME CHANGE	12/01/2012
NAME CHANGE	02/05/2016
Annual Report filing with officer/member change	09/27/2016
Annual Report Filing with address change	09/27/2016
CHANGE OF AGENT AND OFFICE	09/28/2016
Annual Report filing with officer/member change	08/23/2018

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

BERKOWER LLC
0600016743



*IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed
my Official Seal at Trenton, this
30th day of October, 2018*

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

*Elizabeth Maher Muoio
State Treasurer*

Certificate Number : 6092387033

Verify this certificate online at

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