

M18000010862

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

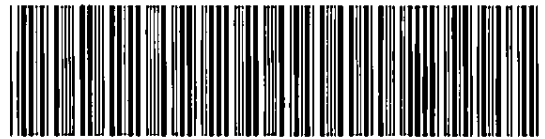
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FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 4, 2018

DORON BEN SHITRIT
700 PARK AVENUE
ELIZABETH, NJ 07208

SUBJECT: BEN RESTORATION & WATER DAMAGE LLC
Ref. Number: W18000104585

We have received your document for BEN RESTORATION & WATER DAMAGE 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):

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) 245-6900.

Stacy Prather
Regulatory Specialist III

Letter Number: 318A00024829

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BEN RESTORATION AND WATER DAMAGE 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:

DORON BEN SHITRIT
Name of Person

BEN RESTORATION AND WATER DAMAGE LLC,
Firm/Company

700 PARK AVENUE
Address

ELIZABETH, NEW JERSEY 07208
City/State and Zip Code

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

For further information concerning this matter, please call:

Doron Ben Shitrit at (646) 406-7289
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. BEN RESTORATION AND WATER DAMAGE 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. _____
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. NOVEMBER 29, 2018
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability.)

5. 700 PARK AVENUE 6. 14107 JEWELL AVENUE
(Street Address of Principal Office) (Mailing Address)
ELIZABETH, NEW JERSEY FLORENCE, NEW YORK
07208 11367

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

Name: YANIV COHEN
Office Address: 633 633 NE 167th Street Ste. 1109
North Miami Beach, FL . Florida 33162
(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.

(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 Ben Shitrit</u>	_____	<u>Owner</u>	<u>Doron Ben Shitrit</u>
_____	_____	_____	<u>1234 FIFTH AVENUE</u>
_____	_____	_____	<u>MANHATTAN, NY 10029</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.

Doron Ben Shitrit
Signature of an authorized person

Doron Ben Shitrit
Typed or printed name of signee

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

BEN RESTORATION & WATER DAMAGE LLC
0450312655

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 09, 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:

DORON BEN SHITRIT
700 PARK AVE
ELIZABETH, NJ 07208



*IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed
my Official Seal at Trenton, this
4th day of December, 2018*

Elizabeth Maher Muoio
State Treasurer

Certificate Number : 6093292358

Verify this certificate online at

https://www1.state.nj.us/TYTR_StandingCertiJSP/Verify_Cert.jsp