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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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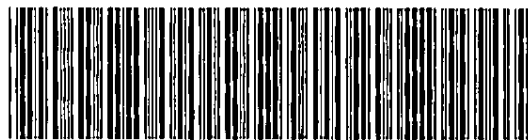
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

M. Sellers

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: KLESMAN AND ASSOCIATES 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:

EVAN J ANDERSON

Name of Person

KLESMAN AND ASSOCIATES LLC

Firm/Company

PO BOX 1557

Address

BLOOMFIELD, NJ 07003

City/State and Zip Code

EJA@KLESMAN.COM

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

For further information concerning this matter, please call:

EVAN J ANDERSON

973

393-0123

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

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. KLESMAN AND ASSOCIATES 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. 83-2434607
(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. 151 WILLIAMSON AVE 6. PO BOX 1557
(Street Address of Principal Office) (Mailing Address)

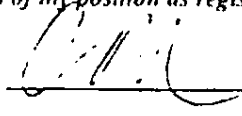
BLOOMFIELD, NJ 07003 BLOOMFIELD, NJ 07003

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

Name: UNITED STATE CORPORATION AGENTS, INC.
Office Address: 13302 WINDING OAK COURT, SUITE A
TAMPA 33612
(City) , Florida (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.

 Cheyenne Moseley, Asst. Secretary on behalf of United States Corporation Agents, Inc.
(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:

OWNER

EVAN J ANDERSON

151 WILLIAMSON AVE

BLOOMFIELD, NJ 07003

(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.



Signature of an authorized person

EVAN J ANDERSON

Typed or printed name of signee

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

SHORT FORM STANDING

**KLESMAN AND ASSOCIATES LLC
0450321099**

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named NJ Domestic Limited Liability Company (LLC) was registered by this office on Tuesday, November 06, 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 registered office are:

**UNITED STATES CORPORATION AGENTS, INC.
330 CHANGEBRIDGE RD.
STE. 101
PINE BROOK, NEW JERSEY 07058**



*IN TESTIMONY WHEREOF, I have
hereunto set my hand and
affixed my Official Seal
6th day of November, 2018*

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

*Elizabeth Maher Muoio
State Treasurer*

*Certificate Number : 4065204670
Verify this certificate online at
https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp*